



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

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

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 _____

Owner Name (s) _____

DER Name _____
(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)

ARE YOU A BROKER? Yes No

STATUS PENDING DOT # _____
 CA # _____ PUC # _____
 VSF # _____ TOW # _____

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 _____
(MAKE PAYABLE TO AADT)

**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.

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)

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

Authorized Contact/Designated Employer Representative (DER) Name _____

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

AADT SERVICE AGREEMENT

Revised 03/2018

***NOTE: BOX INFO ON 2ND PAGE MUST BE COMPLETED OR AADT WILL NOT BE ABLE TO PROCESS YOUR ENROLLMENT.**

This agreement is between **American Alliance Drug Testing** (hereinafter "AADT"), the **business representative** (hereinafter "Representative") defined here and on the AADT Application and the **company or business** (hereinafter "Business"), which may also be an owner-operator, a corporation, partnership, limited liability company, non-profit organization or government agency.

AADT is a Consortium and Third Party Administrator (C/TPA) which owns and manages a drug and alcohol testing program designed for businesses and regulated entities with driver(s) and drug free employees. This agreement is made between the parties with the following understanding:

1. Business elects to participate in AADT's (C/TPA) program that is compliant with the requirements of the 49 CFR, Parts 40, 382 & 655, PUC Charter Passenger Vehicles, TDLR Regulations, Drug Free Workplace, and other regulated programs.
2. Business elects to retain AADT to administer its drug and alcohol testing program for compliance.
3. For purposes of this agreement the term "Driver" describes a person with a commercial driver's license (CDL), who drives a vehicle that is subject to all applicable regulation guidelines noted above and operates under the authority of the Business. "Drug Free" refers to all employees subject to the Business's drug free testing as defined within its drug and alcohol testing policy.

IN CONSIDERATION OF the mutual obligations hereunder, both parties agree as follows:

Part - 1 AADT's General Obligations and Responsibilities:

To administer the Businesses drug and alcohol testing program, AADT shall:

1. Maintain qualified random testing pools for regulated Businesses drivers and/or employees. Meet or exceed minimum testing rates (DOT) at percentages mandated for drugs and alcohol and/or other percentages defined by the Business for others.
2. Manage a random selection and notification program minimally consistent with DOT or other regulated controlled substance and alcohol testing requirements.
3. Provide the following:
 - A network of collection facilities or sites.
 - A laboratory certified by the Department of Health and Human Services' SAMHSA Agency, which is also responsible to report to the Business, the semi/annual statistical reports in accordance with the DOT guidelines or upon request.
 - A Medical Review Officer (MRO) to provide test result notifications to the business/employee and blind specimens to the lab as required by DOT regulations. The MRO service is also provided for all non-DOT testing.
4. Maintain records documenting Business's participation in AADT's random testing program and will provide Business with these records and other compliance information within two (2) business days of its designated Representatives request.
5. Upon Business's request by written consent or verbally confirmed communication, AADT will release drug and alcohol testing history and information in accordance with DOT, other regulatory agencies or a Business's D&A Policy. Information requested may include verification of participation in the C/TPA program and/or current enrollment status. Test results for a business's driver within the last two years, and positive information for the last 5 years (DOT) or consistent with other noted regulatory requirements.

Part - 2 Businesses Obligations and Responsibilities:

To qualify for and maintain enrollment in AADT's C/TPA program, the Business agrees to:

1. Maintain a Business or Company Policy for controlled substance and alcohol (D&A) misuse implemented before initiating testing. For reasons of reasonable suspicion testing, Business agrees to have a person who supervises driver(s) or employees trained in the aid of recognizing the signs and symptoms of substance abuse and alcohol misuse.
2. Notify AADT immediately of any changes in business information including name, address, telephone number(s), (home, office, mobile and/or emergency numbers), fax number(s), authorized contact(s), Designated Employer Representative (DER) or enrolled business employee(s) information.
3. Notify AADT immediately of any changes in driving status of Business's driver(s) or employee(s) including termination, out-of-service, driver license changes, etc. (The Business understands that if there is more than a 30-day lapse of enrollment in a random testing program, they are responsible to have that driver submit to a pre-employment drug test before returning to driving in a safety sensitive position.)
4. Have new driver/employee complete a pre-employment drug screen or complete the requirements applicable test. For DOT drivers, refer to Part 382.301.
5. Have driver or employee proceed immediately to the closest available authorized drug and/or alcohol collection site once they are notified of a random testing selection. *(If the driver/employee is out of the area and the Representative/DER is unsure where to send the driver/employee for testing, visit www.aadrugtesting.com for alternative collection sites listed on the AADT website.)*
6. Fully document any reason(s) leading to the failure to comply with all requests for a random test. Failure to randomly test your driver(s) or employees may result in termination from AADT's program and Business agrees to the release of this information to any applicable and appropriate regulatory enforcement agencies.
7. Notify AADT immediately and remove DOT or covered driver from service upon notification from either:
 - a. A Medical Review Officer (MRO) that driver tested positive on a DOT drug test; or
 - b. Breath Alcohol Technician (BAT) or Saliva Alcohol Technician that the driver's confirmation test result has an alcohol concentration of .04 or greater. (In the event of a Positive Saliva Alcohol Test Result, Business is solely responsible for arranging for driver's transportation by another person to a site that provides Breath Alcohol Testing for a re-confirmation within 30 minutes, as applicable under the DOT regulations.)
8. Responsibility to establish an alternate provision within their Businesses or D&A company policy pertaining to post accident testing when an authorized AADT collection site is unavailable. (e.g. out of the area, on site needed, after hours, holidays, etc.)
9. Have available a same gender observer, if necessary, when a direct observed collection is required and the collection site is unable to provide a same gender observer.
10. Should Business request the assistance of AADT to prepare the Management Information System Report (MIS), Business shall contact AADT at least two (2) business days prior to a scheduled enforcement inspection date.
11. If applicable, accept full responsibility for understanding the obligations under and participating in AADT's C/TPA program in a manner that is compliant with the CFR 49, Parts 40, 382 & 655.

AADT SERVICE AGREEMENT

Part - 3 Fees for Services:

1. For performance of AADT's obligations listed in Part-1 of this Agreement, Business shall pay a fee according to the current pricing schedule or prior written agreement at the time of enrollment or renewal.
2. Cancellations – A refund of annual fee paid, less **\$30 administration fee and any additional fees for services rendered**, will be made if requested in writing by the Business within the first thirty (30) days from their initial enrollment date (excludes renewals) and **all** materials are returned, including the compliance manual, certificate, driver(s) ID card(s) and driver(s) handbook(s). No refund will be made in the event that Business is terminated from AADT programs due to a material breach of this agreement.
3. It is the Business's responsibility to add drivers to enrollment. If a placeholder slot remains unfilled for the entire year, the pre-paid slot does not roll over to the following year. Placeholder slots are only good within the enrollment year paid for.
4. **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.** Additional fees apply for follow-up and return-to-duty testing; refer to AADT Price List Form 103 for pricing.
5. AADT has an all-inclusive program or a pay-as-you-go program. You may choose one. The business shall pay AADT separately for all Random drug and/or Alcohol tests conducted at AADT's authorized sites depending on your business's selected enrollment option.
6. Business is responsible to pay AADT directly for testing fees regardless of the payment arrangements made between the Business and driver/employee.
7. Arrangement for split specimen testing fees shall be made between Business, driver/employee and MRO at the time of the request; the cost of split specimen testing is not AADT's responsibility.
8. Business is responsible for payment directly to collector/collection facility for any fees incurred during collection that are not included

- in standard random collection procedures (e.g. observed collection, on site, after hours, etc.).
9. Should Business utilize entities for testing that are **not** affiliated with AADT or its random drug and alcohol testing program, e.g., using an outside collection site necessary for a post-accident test, it is Business's obligation to pay the cost of all fees associated with the collection, testing and reporting.
 10. All NSF check returns will be subject to a \$35 handling fee.
 11. Business agrees to promptly pay all invoices or will be subject to a credit hold and penalty late fee to accrue per month starting 60 days after AADT's billing date. Business's account will be made inactive after 90-days of non-payment and Businesses information will be sent to a collections agency for payment at which time Business is responsible for all collections fees applied by the collection agency and legal fees incurred.
 12. **Credit Card Charges by Internet & Phone:** Payment on-line and by phone with credit card may be accepted, but the client agrees not to dispute any non-fraudulent charges once AADT products or services have been received. If enrollment is disputed without cause, the client will be dropped permanently from our program and sent immediately to collections if the dispute is not resolved to the satisfaction of both parties.

Part - 4 Indemnification Obligations of Business:

Business shall hold harmless AADT and any certified laboratory, medical review officer (MRO) or collection site providing services to Business pursuant to this Agreement, from any claim, loss, liability, damage, detriment or obligation arising from any matter other than their willful misconduct or gross negligence.

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

AADT is a not-for-profit corporation and this Agreement does not create a relationship of general agent, employee, partnership, joint venture or association. Business hereby names AADT its Agent in fact for the limited purpose of performing the duties necessary in carrying out AADT's obligations under this Agreement. This Agreement shall be governed in all respects by state law, where applicable, except to the extent specifically preempted by federal regulations.

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 notifications. This agreement shall be extended automatically for successive 12 month terms until Business or Representative gives 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; margin-bottom: 5px;">X</div> _____ *Signature of Company Owner or Designated Employer Representative
	_____ Date