



This is an APPLICATION to a Consortium Third Party Services made this ____ day of _____, 20__ between **Compliance Safety Systems (CSS)**, with its principal offices located at **99 Regency Parkway, Suite 313, Mansfield, Texas 76063** and **_(Trucking Company)_____** with its principal offices located at **_(Address)_____**.
Joining the CSS Consortium will enable your fleet be compliant in both your Drug and Alcohol Testing in order to satisfy the DOT regulations 49CFR, Parts 382 and 40 for **____(Company)_____**.

Statement on Services

There are three (3) components of a DOT Urine Drug Screen. The collection of the urine specimen by a certified collection site/clinic. The laboratory analysis by a certified laboratory and the communication of the test results by a certified Medical Review Officer. All of this activity is documented on a DOT Chain of Custody Control Form. **__(company)_____** will pre-pay via Visa/Mastercard from CSS Consortium for the CSS designated Laboratory Analysis, Medical Review Officer and preferred collection site only prior to a needed random test. **__(company)_____** will be responsible for paying any non designated clinic for the Urine Drug Screen Collection or Breath Alcohol Test (BAT. **__(company)_____** will receive prepaid Chain of Custody Forms that **__(company)_____** will take to the designated CSS clinic to have a Urine Drug Screen Collection performed. This same clinic will perform a Breath Alcohol Test (BAT) for you if you are chosen to have one performed, at point of notification the BAT will also be prepaid via Visa/Mastercard to CSS. The clinic will have a courier send the specimen with the Chain of Custody form to our chosen laboratory so the results can be transmitted to our Medical Review Officer. **__(company)_____** will be notified of the results based on their chosen form of communication. **__(company)_____** will pre-purchase via Visa/Mastercard for a number of Chain of Custody forms to equal the number of drivers chosen in the quarterly random pull. These Chain of Custody forms will then be mailed out to **__(company)_____** for testing. CSS will perform a Random Spin of all the members in the Consortium Pool each quarter. The Random Spin will select annually 50% of the drivers in the Random Pool to have Urine Drug Screens and 10% to have Breath Alcohol Tests.

Obligations

A. **__(company)_____ / Member**

The member will provide the CSS Consortium with the required information to comply with DOT regulations 49CFR, Parts 382 and 40:

1. Full name and Social Security Number for all covered employees and will keep it current by sending CSS an updated list a week before the close of each quarter.

2. (company) will make available any regulated employee, covered under this agreement, for the purpose of conducting an unannounced random urine drug screen or alcohol screening without reasonable delay.
3. (company) grants CSS the authority to act as the (company) agent to gather confidential employee test information.

B. Compliance Safety Systems Consortium

CSS Consortium will provide to (company) the following services based on DOT regulations as follow:

1. All testing cost associated with the random drug testing to include lab test, MRO review and collection. BAT if needed.
2. Notification of Random Selection
3. Assistance in developing a drug and alcohol testing policy.
4. Set up employee testing files.
5. Administration of employee Consortium compliance records.
6. Provide secured employee Consortium record retention.
7. Positive test results documentation.
8. Confidential notification of positive test results.
9. Computer generated random selections.
10. All testing will be a DOT 5 panel SAMHSA drug test
11. Annual statistical reports
12. Blind Specimen maintenance
13. Certified Medical Review Officer (MRO)
14. Additional referral services available:
 Services of a Substance Abuse Professional (SAP)

Fees and Terms

A. Fees

1. Annual Membership/Maintenance Fee

The fee includes all random generation, reporting, company policy if needed and a DOT compliance letter. **The fee is due at the time of starting program and by Jan. 31st each year there after.**

CONSORTIUM MEMBERSHIP **\$100.00 per year**

2. Scheduled Tests-DOT Random Test

CSS designated Laboratory Analysis, MRO Review and preferred **designated** collection site-**\$50.00 per test**

3. Scheduled Tests-DOT Random Breath Alcohol Test

CSS designated collection site-**\$50.00 per test**

4. Scheduled Tests-DOT Pre-employment Test

CSS designated Laboratory Analysis, MRO Review and preferred **designated** collection site-**\$50.00 per test**

Payment Terms

Payment for services will be paid prior to commencement of services. Payment will be made with MasterCard/Visa.

The term of this Agreement shall commence on _(start date)___ and **shall continue in full force and effect up to December 31, 2009**. This Agreement will automatically renew each year unless CSS Consortium receives 30-day notification of cancellation by **January 1, 2010** by the company **__(company)_____**.

CSS Consortium will send your results and your Consortium documentation to an address you designate below:

Attention: _____
Business Address: _____
City, State and Zip Code: _____
Phone: _____
E-Mail Address: _____

What is your preferred method of Communication ___ Phone ___ US Mail _____ E-Mail or _____ Fax?

Please check above for your desired method of communication

Compliance Safety Systems Consortium

_____ **company** _____

Name Title

Name Title

Date

Date



Compliance Safety Systems Consortium

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Mansfield, TX 76063

Phone: 817-276-3000

Fax: 254-773-2221

www.compliancesafetysystems.com

Contract Pricing

| | | |
|--|-------|-------------------|
| CSS Consortium Membership | _____ | \$100.00 per year |
| Returned Check Fee | _____ | \$35.00 |
| Credit Card Surcharge | _____ | 4% of Invoice |
| Charge for Paying for Services Using Visa/MasterCard | | |

Compliance Safety Systems Consortium _____ **(company)** _____

 Name Title Name Title

 Date Date