

ATWELL, LLC

**ACKNOWLEDGMENT AND AGREEMENT  
WITH RESPECT TO DRUG AND ALCOHOL TESTING**

I acknowledge, by signing this form, that my full compliance with the Anti-Drug and Alcohol Misuse Prevention Plan (the "Plan") and Non-DOT drug and alcohol regulation requirements is a condition of my initial and continued employment with the Company. I understand and agree that I may be discharged or otherwise disciplined for any drug and/or alcohol violation, committed by me, as cited in the Plan and/or in the Non-DOT drug and alcohol regulatory requirements.

I also acknowledge, by signing this form, that a copy of the Plan has been made available to me and that I have read and understand the requirements of the Company and Non-DOT drug and alcohol program. I have also been provided with informational materials on the dangers and problems of drug abuse and alcohol misuse.

**Signed, this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.**

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**Employee Name (Please Print)**

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**Employee Signature**