



**Drug & Alcohol Program Management & Compliance
Regulated & Non-Regulated Employer Service Agreement**
(DOT/CHP/CPUC Program Management & Compliance)

Company's Legal Name:

Physical Address:

Mailing Address:

Primary Contact Person:

E-Mail:

Primary Contact Cell:

Fax:

Alternate Contact Person:

E-Mail:

Alternate's Cell:

Fax:

Billing Contact Person:

E-Mail:

Who Regulates your Company? DOT #: CPUC # CA/MCP#

When should we test for Marijuana? Always Never Post Accident/For Cause Only

What occurs following a Positive Test? Removal/Termination Removal/LCA

Program Choices

(Please select one - 12 month minimum commitment)

PLAN 2: Non-Regulated Employer

(\$ 295.00 Start-Up, \$99.00 a month thereafter) Testing services not included. Unlimited Members.

PLAN 3: Regulated Employers (D.O.T., C.P.U.C. or C.H.P. C-SAT Compliance Program)

(\$ 295.00 Start-Up, \$99.00 a month thereafter) Testing services not included. Unlimited Driver Members.

PLAN 4: D.O.T. Consortium Membership (Owner-Operators)

(\$99.00 Start-Up, \$40.00 a month per driver). Testing not included.

PLAN 5: TESTING ONLY - VIP Access (\$39.00 Start-up, \$ 40.00 a month thereafter) Testing not included.

The following tasks are required for all regulated employers and owner-operators, as a condition of enrollment into our Consortium/Third Party Administrator (C/TPA) Service. No Certificate of Participation can be issued until all the following tasks have been completed by the above listed Company.

* Early cancellation fee of \$ 495.00 applies for companies closing their account within the first 12 months. Auto-Pay is required for all new contracts - \$ 59.00 Late Fees apply for accounts left unpaid +30 days.

- DOT & CHP Regulated Companies Only -

- ALL CURRENT & new drivers must be Pre-employment Drug & Breath Alcohol Tested, without delay.
- The Company & Owner-Operator must register within the DOT-FMCSA Clearinghouse.
- The Company & Owner-Operator must designate FORENSIC Drug Testing Services, Inc as their C/TPA.
- The Company & Owner-Operator must check all three reporting boxes, during C/TPA designation.
- The Company & Owner-Operator must purchase a 25-pack "Query-Plan" within the Clearinghouse.
- The Company & Owner-Operator must report for all required testing, without delay or excuse.

Agreeing Agent's Signature

Agreement Date

FDTSI ACCEPTANCE STAMP (Above)



COMMERCIAL EMPLOYER ENROLLMENT OR DELETION OF DRIVERS



PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CHECK ONLY **ONE** PROCESS PER FORM
☐ **ENROLL** ☐ **DELETE** ☐ **MODIFY DATA**

Instructions: Please type or print in ink. All Driver additions/enrollments must be pre-employment drug tested and have a full Clearinghouse Query prior to placement. Do not remove a driver if anticipated leave is less than 30 days. Please fax this completed form to 760.770.0806 for immediate processing or e-mail to: info@fdtsi.com.

SECTION 1 — EMPLOYER INFORMATION

COMPANY LEGAL NAME/NAME OF SOLE PROPRIETOR		E-Mail:	
MAILING ADDRESS	CITY	STATE	ZIP CODE
CONTACT PERSON NAME AND TITLE (FIRST, MI, LAST)		TELEPHONE ()	EXT

SECTION 2 — DRIVER INFORMATION

	DRIVER'S FULL NAME FROM CDL	CALIFORNIA DRIVER LICENSE NUMBER	DRIVER'S DATE OF BIRTH	ADD, DELETE OR MODIFY DATA
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				
11)				

_____ Total Drivers Added

_____ Total Drivers Deleted

SECTION 3 — CERTIFICATION (ORIGINAL SIGNATURE REQUIRED)

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. The driver(s) listed above are (1) mandated for enrollment under Title 49 CFR Part 382.

PRINTED NAME	
SIGNATURE OF AUTHORIZED REPRESENTATIVE X	DATE

To obtain additional forms and information please visit our website at: www.fdtsi.com



FORENSIC

DRUG TESTING SERVICES, Inc.

73-700 Dinah Shore, B206, Palm Desert, CA 92211

* This submission replaces all previous submissions

PRE-PAYMENT REQUIRED

Please complete and return the attached payment



CREDIT CARD AUTO-PAY ENROLLMENT FORM

COMPANY NAME:

NAME PRINTED ON CARD:



BILLING ADDRESS:

CARD NUMBER:

Exp:

Code:

ZIP

eCHECK AUTO-PAY ENROLLMENT FORM



COMPANY NAME:

ACCOUNT NAME:

ACCOUNT #:

ROUTING#:

I hereby authorize FORENSIC Drug Testing Services, Inc (DBA: CAL-TEST) to debit my account(s) listed above, for all current and future Invoices assigned to my personal & business account. This auto-pay authorization shall expire in 60 months, or when canceled in writing by either party. Returned checks/charges will incur a \$59.00 fee.

Additional terms and conditions will apply as shown, as may be modified at: www.fdtsti.com

Account Holder's PRINTED NAME

ACCOUNT HOLDER'S Signature

Agreement Date

PLEASE COMPLETE, SIGN & RETURN BOTH PAGES TO:

(760)770-0806 Thank you !

Exhibit A*List of services provided*

The following is a listing of support services that are available, within the terms of your current service agreement with **Forensic Drug Testing Services, Inc.**

FORENSIC Drug Testing Services, Inc. is defined within Title 49 CFR Part 40.3 as a Consortium/Third Party Administrator (C/TPA), which states:

§ 40.3 : Consortium/Third-Party Administrator (C/TPA) is service agent that provides or coordinates the provision of a variety of drug and alcohol testing services to employers. C/TPAs typically perform administrative tasks concerning the operation of the employers' drug and alcohol testing programs. This term includes, but is not limited to, groups of employers who join together to administer, as a single entity, the DOT drug and alcohol testing programs of its members. C/TPAs are not "employers" for purposes of this part.

- Sample Drug Prevention & Employee Testing Policy Production.
- Sample Policy Forms, Consent documents, Acknowledgments.
- DOT-FMCSA Clearinghouse Management Services.
- DOT-FMCSA Annual "Limited Query" Services.
- DOT-FMCSA Pre-Employment "Full Query" Services.
- DOT-FMCSA Driver & Employer Clearinghouse Registration Support Services.
- DOT-FMCSA Driver Violation & Return To Duty Clearinghouse input.
- DOT & Non-DOT Random Test Selections, Tracking & Management.
- Employee List Updates and DOT & Non-DOT Random Pool Management.
- Annual MIS Reports and supporting documentation.
- Computerized test tracking, storage, and recovery (5 years).
- DOT/CHP and Worker's Compensation Audit Support.
- DHHS/SAMHSA Certified Urine Drug Testing Services.
- DOT & Non-DOT Breath Alcohol Testing Services.
- DATIA Certified Professional Collectors & Breath Alcohol Technicians.
- 24/7/365 availability.
- AAMRO Certified Medical Review Officer Services.
- Non-Network Collection Site Coordination.
- Nationwide In-Network Urine Collection Sites.
- Return To Duty & Follow-Up Test Tracking and Management.
- Last Chance Agreement Tracking and Management.
- Employee Drug & Alcohol awareness materials online & printed.
- Drug & Alcohol Rehabilitation Referral Services.
- Substance Abuse Professional (SAP) Referrals (SAP Fees not included).
- Supervisor Drug & Alcohol Reasonable Suspicion Training (additional fee applies).
- Designated Employer Representative (DER) Training (additional fee applies).
- Expert Witness Testimony (additional fees apply).
- General & Professional Liability Insurance Coverage, \$3 million aggregate.
- UNLIMITED Employer support services and professional consultation.
- UNLIMITED Employer liability reduction and support services.
- 30+ years of training and experience within the employee drug & alcohol testing industry.



REGULATED TESTING Options (DOT/CHP/CPUC):

Client Rates:*

• DOT Urine Drug Testing (DHHS/SAMHSA Lab):	\$ 89.95
• DOT "Look-Alike" (4-Panel plus THC SALIVA):	\$ 149.90
• DOT HAIR Strand (once available):	\$ 299.00
• DOT Oral Fluid Drug Testing (once available):	\$ 99.00
• DOT Breath Alcohol Testing (EBT-RBT4):	\$ 55.00
• DOT-FMCSA Clearinghouse Service:	\$ 25.00
• Sample Collection Only (No Lab):	\$ 45.00
• Verbal/Walk-Out Refusal To Test:	\$ 45.00
• Direct Observation Collection(Add-On):	\$ 25.00
• No Show/Refusal To Test:	\$ 25.00

NON-REGULATED TESTING Options (Company Policy):

Client Rates:*

▪ Standard Urine Drug Test (Lab Based 9 with THC Saliva):	\$ 149.90
▪ THC Carve-Out Urine Drug Test (Lab 8 - Panel):	\$ 89.95
▪ INSTANT Urine Drug Screen (5 - Panel Screen Only):	\$ 89.95
▪ Expanded Urine Drug Test (Lab Based 14-Panel):	\$ 99.95
▪ COMPLEX MED-PRO/Rx Urine Drug Test (35 Drugs):	\$ 299.00
▪ Oral Fluid Drug Testing (Lab Based 5-Panel):	\$ 99.00
▪ Breath Alcohol Testing (EBT-RBT4):	\$ 55.00
▪ Sample Collection Only (No Lab):	\$ 45.00
▪ Verbal/Walk-Out Refusal To Test:	\$ 45.00
▪ Direct Observation Collection(Add-On):	\$ 25.00
▪ No Show/Refusal To Test:	\$ 25.00

* Sample Collection fees are waived for all In-Forensic DTS Office Urine and Hair Collections.

- In-Network Collection Sites ADD: \$ 15.00 Each
- Preferred Collection Sites ADD: \$ 30.00 Each
- OUT OF NETWORK SITES ADD: \$ 59.55 Each, Plus their site collection fees

SPECIALTY SERVICES:

Client Rates:

▪ LOCAL Call-Out Services (Within 30 miles, on-way):	\$ 100.00
▪ STAND-BY/Wait Time (Begins after first 60 minutes of call-out):	\$ 100.00
▪ AFTER HOURS (Anytime after 5PM & Before 8 AM, Mon-Fri):	\$ 200.00
▪ WEEKENDS & HOLIDAYS (all Weekends & Legal Holidays):	\$ 250.00
▪ Government Agency Inspection Packs (Rush Order):	\$ 99.00* (No fee if 5+ days advanced notice)
▪ D.E.R. & Supervisor Reasonable Suspicion Training:	Go to: https://fdtsi.com/training
▪ Expert Witness Testimony/Affidavits/Evidence Transfer:	Contact: kevin@fdtsi.com
▪ Reasonable Suspicion Classroom Training (up to 40 supervisors)	\$ 3,995.00

+ Pricing subject to change, without notice.

PLAN 2: Non-Regulated Employer

- \$ 295.00 Start-Up, \$99.00 a month thereafter. Testing services not included. Unlimited Members.

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