



Drug Prevention & Employee Testing ANNUAL PROGRAM MANAGEMENT AGREEMENT - D.O.T./C.H.P./C.P.U.C. Compliance & Non-Regulated Employers -											
PROPOSED CLIENT COM	IPANY:	REGULATE	D DRIVER	INFORMAT	ION:						
COMPANY Legal Name:				<u>nore</u> CMV Dri				íes			t Attached
COMPANY DBA 1:		Are you a 1	person of	peration, with				res, It's on	ly me <mark>(</mark>	wner-Opera	itor)
COMPANY DBA 2:		Driver 1:				CDL #:			DOB:		State:
Physical Address - - FedEx Delivery:		Driver 2:				CDL #:			DOB:		State:
A/P Contact Person:		_	-	ulate, Licens ur Company		DOT	СНІ	P C	PUC	ΤΑΧΙ	NOT Regulated
		U.S. D.O.T.	#:				State N	MCP/CA#:			
Billing Phone: Billing Fax:		MC/MX /F	F #:				Termir	nal #:			
Billing E-Mail:		State Corp					C.P.U.				
Company President:		Company T	ſIN:					ent's E-M	ail:		
	1. The person who gets test results:	BACK-UP/A	LTERNAT	E D.E.R.				RANDON	I Testing	g Frequency:	
Primary Contact:	-	Alternate 0								Bi-Monthly	Quarterly
E-Mail: Cell		E-Mail:					ŀ	How Many	, DOT ea	ach time?	
Phone:			_				ŀ	low Many	/ Safety	-Related?	
Phone:		Cell Phone					٦	Farget Ann	nual Per	centage?	
	MPLOYERS - Non-Regulated Full Program Management, with 3 Monthly Urine Tests INCLUDED Start-Up, then \$195 a month thereafter.	2 \$ 99.0		ILATED & I Full Progra Clearinghou e Start-Up, ther	am Manu use Supp	agement, oort <u>INCLU</u>	JDED	5		DOT/ Program N	YERS Only /CHP & CPUC Management onth thereafter.
Full Progratest \$ 99.00 One-Til	CONSORTIUM Membership am Management, with 1 Urine Drug & Clearinghouse Support <u>INCLUDED</u> me Start-Up, then \$20 a month per driver	5	Pre-Em	EE WORKP Progra ployment Te e Start-Up, the	am Mand sting Pol	ngement, licy <mark>INCLU</mark>	with IDED	U //	Noice &	<u>O</u> Program I Retention P	- INVOICE Management rivileges only onth thereafter.
CONDITIONS OF ENROLLMENT - ACCOUNT PENDING FULL ACTIVATION Regulated Company Notice: If your company is regulated under DOT/CHP/PUC or other authority, you must enroll within either our Plan 1,2,3 or 4, shown above, to ensure your regulatory compliance, including mandatory DOT-FMCSA Clearinghouse registration, outlined within addendum 'A'. Non-Regulated Notice: Non-regulated companies should choose from either our Plan 1, 2, 5 or 6, dependent upon employer need. Although private employers are not generally regulated, they still must follow current federal, state, county and established case within their respective state(s). FORENSIC Drug Testing Services, Inc(FDTSI) shall provide drug & alcohol program management services, in compliance with Title 49 CFR Part 40 & 382, as amended. Services are attached to this agreement as addendum 'A'. Forensic DTS staff members shall provide couching, make suggestions and non-legal suggestion, the Company should obtain their own legal opinion, advice or legal review from their own in-house attorney, prior to taking any actions, recommended or provided by FDTSI and it's staff members. Furthermore, the above company understands and agrees that it is their ultimate responsibility and obligation to ensure their own adherence, knowledge and compliance with thes regulatory requirements, regardless of the actions or inactions of FDTSI. The above Company further understands that this a 12 month minimum contractual commitment, which shall automatically renew for an additional 12 month term each year. If the above Company be accessed. FDTSI may downgrade or cancel services, at their discretion. All Invoices are due and payable within 10 days of receipt, with a \$49 late fee assessment, if left unpaid in excess of 30 days. FDTSI will provide computerized random selections, and test management services based upon information and employee lists provided by the above proposed Client. Full & Limited Query Support services. All Plan 4 clients are required to enrol in our auto-pay program, or											
Client Signature:			Printed	Name:						Date:	
VISA Mascercard DISCOVER	AUTO-PAY: Would you	ike future Invo	vices set-up	on Auto-Pay, u	ising this c	card/check	?	YES		٢	NO
Bank ROUTING Numb	ank ROUTING Number: Bank ACCOUNT Number:										
NAME Printed on Car	NAME Printed on Card: CREDIT CARD #:										
BILLING ZIP Code:	BILLING ZIP Code: Expiration & Security Code:										
Approval Signature		× 10. (7)		of Account h for "Aut							



73700 Dinah Shore Drive, Suite B206, Palm Desert, CA 92211-0815

Thank you so much for contacting FORENSIC Drug Testing Services, Inc (aka: Cal-Test) for your employee drug prevention and testing needs.

<u>For almost 30 years</u>, we still enjoy speaking with our Clients and prospective Clients, about how we can best service their current needs and objectives. If it's a simple pre-employment testing program or a full blown D.O.T. Drug & Alcohol Testing Program, with DOT-FMCSA Clearinghouse Support Services, we have you covered, every step of the way!

Please find the program that best fits you needs please, then complete and return the attached Service Agreement to get started:

Plan 1, 2 & 3 DOT & Non-DOT EMPLOYER Program Management - For either our regulated or non-regulated Employers!



Our full service Drug Prevention & Employee Testing Programs offer legally sound policy *template* production, implementation and expert employer support that allow *your DOT or Non-DOT company to start:* Pre-Employment, Reasonable Suspicion, Post *A*ccident and RANDOM testing of your current "*safety-designated*" employees! These Plans are strictly designed to withstand any legal challenge! As an added benefit, these Plans also exceed your compliance requirements for DOT/CHP & PUC, *to include DOT-FMCSA Drug & Alcohol Clearinghouse reporting and annual query mandates*!

- Plan 1 is \$ 295 Start-Up, then \$ 195 a month thereafter (This plan includes three free urine drug screens a month, non-accumulative
- Plan 2 is \$ 99 Start-Up, then \$ 49 a month thereafter (This plan include both a DOT & Non-DOT Testing Program & Management)
- Plan 3 is \$ 99 Start-Up, then \$ 49 a month thereafter. This Plan is for DOT Regulated employers only (Free update to Plan 2, if needed)



FEDERAL & STATE COMPLIANCE PROGRAMS - MADE SIMPLE !





PRICING AGREEMENT

Updated 8-21-2020

TESTING OPTIONS & FEES:

DOT, CHP & PUC Testing Options:

DOT Urine Drug Panel: DOT	\$ 65.00
Breath Alcohol, EBT:	\$ 35.00
Direct Observation (Add-On):	\$ 15.00
Refusal to Test:	\$ 30.00

Non-Regulated Employers:

5 Panel, Lab Based:	\$ 45.00
9 Panel, Lab Based:	\$ 55.00
Breath Alcohol, BAT:	\$ 35.00
Med-Pro, 30 Panel:	\$ 155.00
HAIR Testing (Employment):	\$ 135.00
HAIR Testing (L.O.D./Court):	\$ 295.00
Saliva Testing:	\$ 99.00
Refusal To Test:	\$ 30.00

INSTANT TESTING: (Not recommended- poor accuracy)				
5 Panel, INSTANT/POCT:	\$ 35.00*			
10 Panel, INSTANT/POCT:	\$ 45.00*			
* If Non-Negative, AUTO-CONFIRM via DHHS lab based re-screen, GC/MS confirmation & MRO will be done automatically - Add-on: <mark>\$ 49.95</mark>				
DOT-FMCSA CLEARINGHOUSE				

Support Services:	
FULL Query - New Hire:	\$ 15.00 Ea.
Limited Query - Annual:	\$ 15.00 Ea.
RTD & Violation Input:	Included
In-Office Driver Registration:	\$ 20.00 Ea.
Telephone Registration Support:	Included

SPECIALTY Services:

Client Rates:

COLLECTION ONLY (using your lab): Direct Observation Collection (same sex), add-on: LOCAL Call-Out (Anything within 30 miles, No mileage): OUT OF AREA (During office hours 30-100 miles + \$.71 a mile): Weekend/After Hours (begins 5pm Friday, ends 8am Monday): Holidays (All Calendared Holidays): Stand Bu(Molt Time (kesing office 4th hour):	\$ 30.00 \$ 15.00 \$ 89.00 \$ 150.00 \$ 150.00 \$ 175.00
Reasonable Suspicion or DER Training (OnLine Starts at):	\$ 49.00

PLAN MANAGEMENT FEES: Plans printed in <u>BLUE</u> all comply or exceed DOT mandates.

Plan 1:	\$ 195.00 monthly
\$ 295.00 Start-Up/\$195 a month (3 free non-accumulating monthly tests): Intended for clients with 3+ employees, who wish to comply with DOT and/ or want to start RANDOM testing of their current employees. This Plan includes three (3) free, non-accumulating urine drug tests each month.	
Plan 2:	\$ 49.00 monthly
\$ 99.00 Start-Up/\$49.00 a month (tests extra) Intended for clients with 3+ employees, who wish to comply with DOT and/ or want to start RANDOM testing of their current employees.	
Plan 3:	\$ 49.00 monthly
\$ 99.00 Start-Up/\$49.00 a month (tests extra) Intended for clients with 3+ DOT/CHP or PUC regulated employees, who wish to comply with DOT mandates.	
<u>Plan 4:</u> \$ 20	.00 Monthly per Driver
\$ 99.00 Start-Up/\$20.00 a month per driver BONUS: Start-Up Urine Drug Test & Full Query, <u>INCLUDED</u> ! Plan 4 is intended for smaller companies, with one or more regulated drivers and for single-owner-operators, who wish to comply with DOT, CHP or PUC & Clearinghouse mandates.	
Plan 5:	\$ 20.00 Monthly
\$ 29.00 Start-Up/\$20.00 a month Intended for any size company who simply wants to comply with the Federal or State DFWP Act and/or wants to start Pre-Employment testing only. This Plan does not cover DOT mandated companies.	,,,
Plan 6:	\$ 20.00 Monthly

\$ 20.00 Wion

No Membership Plan? - No Problem! Pay as you go with our Plan-Free Retail Rates

\$ 29.00 Start-Up/\$20.00 a month*

RETAIL TESTING & Related Services (Pre-Payment Required):

LAB - 5, 9 or 10 Urine Drug Screen, w/GC/MS & MRO:	\$ 85.00
LAB - HAIR Testing, with LC/MS/MS Confirm:	\$ 185.00
LAB - MED-PRO 30 Urine Panel:	\$ 199.00
INSTANT 5* - (POCT) Urine Drug Screen - Employers only:	\$ 45.00
BAT - Breath Alcohol, w/EBT Confirm:	\$ 50.00
COLLECTION ONLY (Urine, Hair or Saliva, using YOUR lab):	\$ 30.00
DIRECT Observation Collection (Same-Sex):	\$ 45.00
Refusal To Test:	\$ 75.00
* Instant testing devices are much less accurate & NOT RECOMMENDED!	

SPECIALTY SERVICES (Pre-Payment Required):

Policy in place in-house or with another C/TPA. This will allow any company access to our

"discounted" testing rates and services, along with Invoicing privileges. No management services are

CALL-OUT/On-Site (M-F 8AM - 5PM, within 30 miles):	\$ 150.00
AFTER-HOURS Call-Out (M-F: 5PM - 8AM, in our office):	\$ 200.00
WEEKEND Call-Out (Friday 5PM - Monday 8AM, in our office):	\$ 250.00
HOLIDAY Call-Out (5PM day prior through 8AM day following, in our office)	\$ 275.00
OUT OF AREA Call-Out (Travel fee beyond 30, but less than 100 miles + Mileage):	\$ 295.00
MILEAGE: (Free up to a total of 30 miles (Round Trip):	\$ 0.71 p
Witness Fees: (KEVIN Personal appearance-up to 4 hours):	\$ 2,995 Min.
Witness Fee: (COLLECTOR Personal appearance-up to 4 hours)	\$ 1,995 Min.
 Witness Fees: (Telephonic Conference Call - up to 2 hours): Witness Fees: (Video Conference Call - up to 2 hours) 	\$ 395.00 \$ 595.00



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