

Drug Prevention & Employee Testing ANNUAL PROGRAM MANAGEMENT AGREEMENT

PROPOSED CLIENT COM	VIPANY:	REGULATED DRIV	ER INFORMATION:						
COMPANY Name:			rmore CMV Drivers? operation, with only 1	CMV Driver	Yes Yes It	t's only me (O		just mys	elf.
BILLING/Mailing		Driver 1:	operation, with only 1	CDL #:	103, 11	DOB:	wner-opera	State:	
Address:		Driver 2:		CDL #:		DOB:		State:	
Physical Address - - FedEx Delivery:		Driver 3:		CDL #:		DOB:		State:	
Same as Billing		Which Agencies Re	egulate, License,	DOT	CUD	CDUC	TAVI	NOT	
A/P Contact Person:		Permit or Inspect y	our Company?:	DOT	СНР	CPUC	TAXI	Regula	ted
Billing Phone:		U.S. D.O.T. #:			te MCP:				
Billing Fax:		MC/MX /FF #:			P-A #:				
Billing E-Mail:		City/Muni. #:			P.U.C. #:				
Company President:	The course have to be to the	President's Cell:	TED 5.0	E-1	Mail:		.		
	M. The person who gets test results:	BACK-UP/ALTERNA			RAN	Monthly	Bi-Monthly		tork
Primary Contact: E-Mail: Cell		Alternate Contact:			How	Monthly I Many DOT ea	<i>'</i>	Quar	terry
Phone:		E-Mail: Cell Phone:				Many Safety-			
4		_				t Annual Per			
PRIVATE E	MPLOYERS - Non-Regulated Full Program Management, with	2 REG	iULATED & Private Full Program Man			REGULATE		YERS O 'CHP & C	-
\$ 295.00 One-Time	3 Monthly Urine Tests INCLUDED e Start-Up, then \$195 a month thereafter.	\$ 99.00 One-Tii	Clearinghouse Supp me Start-Up, then \$ 49 a n		•	9.00 Start-Up, t	Program N hen \$ 49 a mo	_	
\$ 295.00 One-Time \$ 295.00 Per Time Full Progr Test	CONSORTIUM Membership	S DRUG F	REE WORKPLACE	Compliance	6	RETENTI	ON ONLY	- INVO	ICE
Full Progr Test	ram Management, with 1 Urine Drug & Clearinghouse Support INCLUDED	Pre-E	Program Man Employment Testing Po	agement, with licy <mark>INCLUDED</mark>			<u>O</u> Program N Retention P		
\$ 99.00 One-Tii	me Start-Up, then \$20 a month per driver		me Start-Up, then \$20 a n			9.00 Start-Up, t	hen \$ 20 a mo	onth there	after.
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 recommendations to the company, based upon the DOT-FMCSA Regulations, outlined within Title 49 CFR Part 40, 382 & 653. As with any 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 these 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 elects to cancel services, or fails to pay, or fails to complete the required tasks outlined within the addendum 'A', an early cancellation fee of \$495.00 may 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 comput									
Client Signature:		Printe	ed Name:				Date:		
VISA Mastercard DISCOVER AND LESSEE	AUTO-PAY: Would you	like future Invoices set-u	p on Auto-Pay, using this	card/check?	YE	S	N	10	
Bank ROUTING Numb	oer:		Bank ACCOUNT	Number:					
NAME Printed on Car	d:		CREDIT CARD #:						
BILLING ZIP Code:			Expiration & Secur	rity Code:					
Approval Signature	proval Signature:		Date of Account holder's approval						



DOT & Non-Regulated PROGRAM OPTIONS

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 Accident 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)

Plan 4

CONSORTIUM MEMBERSHIP - DOT/CHP & PUC Compliance, made easy and affordable!:

Our Plan 4 Company Consortium Membership is designed to offer our smaller companies with an affordable means to comply with DOT/CHP & PUC testing mandates. We provide everything that is needed to ensure your compliance, you only pay for testing, as needed.

Plan 4 is \$ 99 Start-Up, then \$ 20 per enrolled Driver thereafter.

*BONUS: One Free Urine Drug Test & One Full Clearinghouse Query Service, at start-up - INCLUDED!

Plan 5

PRE-EMPLOYMENT PROGRAM - Our Plan 5 is ideal for DFWP Compliance AND enables Pre-Hire testing:

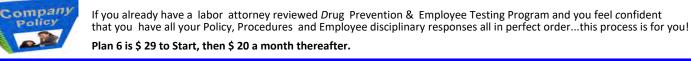


This program is ideal for those employers wanting to keep drug abuser out of their safe workplace. This service will provide a written Drug Free *Wo*rkplace & Applicant Testing Policy and support documents that will "legally" allow for your company to start and maintain a pre-employment testing & prevention program, while complying with the Federal & State Drug Free Workplace Acts.

Plan 5 is \$ 29 to Start, then \$ 20 a month thereafter.

Plan 6

YOU HAVE YOUR OWN POLICY? - Great! Our Plan 6 Program gives you access to all our testing services, at reduced pricing!





Federal Motor Carrier Safety Administration DOT - FMCSA MANDATED EMPLOYERS & OWNER OPERATORS

Please read these conditions of enrollment, <u>prior</u> to signing up Contract Addendum A - Regulated Employer Agreement

The Federal D.O.T. - F.M.C.S.A. Regulations, outlined within Title 49 CFR Part 382.701-727, have placed strict mandates upon C.D.L. Drivers, Employers and their service agents, effective 1-6-2020. As such, we must require DOT-FMCSA regulated drivers and employers to perform the following tasks, to fully activate their membership with Forensic DTS:

TASK #1: REGISTER YOUR COMPANY & <u>IT'S DRIVERS</u> within the DOT-FMCSA Drug & Alcohol Clearinghouse.

Go to: https://clearinghouse.fmcsa.dot.gov/Register

TASK #2: BUY QUERIES. Go to: https://clearinghouse.fmcsa.dot.gov/Query/Purchase

TASK #3: PROVIDE FULL C.M.V. DRIVER LIST TO FORENSIC DTS. Fax to: 760-770-0806 or e-mail: updates@fdtsi.com

TASK #4: TEST ALL YOUR REGULATED DRIVERS, within 15 days of enrollment. Call us for help 760.770.6068

Jpdated: 3-17-2020



\$ 49.00

PRICING AGREEMENT

Updated 7-1-2020

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: \$ 49.95

DOT-FMCSA CLEARINGHOUSE

Support Services:

FULL Query - New Hire: **\$ 10.00** Ea. Limited Query - Annual: \$ 10.00 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): \$ 30.00 Direct Observation Collection (same sex), add-on: \$ 15.00 LOCAL Call-Out (Anything within 30 miles, No mileage): \$ 89.00 OUT OF AREA (During office hours 30-100 miles + \$.71 a mile): \$ 150.00 Weekend/After Hours (begins 5pm Friday, ends 8am Monday): \$ 150.00 Holidays (All Calendared Holidays): \$ 175.00 Stand-By/Wait Time (begins after 1st hour): \$ 89.00 Late Fees (beyond 30 days late): \$ 45.00

PLAN MANAGEMENT FEES: Plans printed in BLUE all comply or exceed DOT mandates.

\$ 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.

Reasonable Suspicion or DER Training (OnLine Starts at):

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.

\$ 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.

Plan 4: \$ 20.00 Monthly per Driver

\$ 99.00 Start-Up/\$20.00 a month per driver

BONUS: Start-Up Urine Drug Test & Full Query, INCLUDED!

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

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

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 provided with this Plan!

No Membership Plan? - No Problem!

Pay as you go with our Plan-Free Retail Rates **SPECIALTY SERVICES** (Pre-Payment Required): **RETAIL TESTING** & Related Services (Pre-Payment Required):

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LAB - 5, 9 or 10 Urine Drug Screen, w/GC/MS & MRO:	\$ 85.00	CALL-OUT/On-Site (M-F 8AM - 5PM, within 30 miles):	\$ 150.00	
LAB - HAIR Testing, with LC/MS/MS Confirm:	\$ 185.00	AFTER-HOURS Call-Out (M-F: 5PM - 8AM, in our office):	\$ 200.00	
LAB - MED-PRO 30 Urine Panel:	\$ 199.00	WEEKEND Call-Out (Friday 5PM - Monday 8AM, in our office):	\$ 250.00	
INSTANT 5* - (POCT) Urine Drug Screen - Employers only:	\$ 45.00	HOLIDAY Call-Out (5PM day prior through 8AM day following, in our office):	\$ 275.00	
BAT - Breath Alcohol, w/EBT Confirm:	\$ 50.00	OUT OF AREA Call-Out (Travel fee beyond 30, but less than 100 miles + Mileage):	\$ 295.00	
COLLECTION ONLY (Urine, Hair or Saliva, using YOUR lab):	\$ 30.00	MILEAGE: (Free up to a total of 30 miles (Round Trip):	\$ 0.71 p	
DIRECT Observation Collection (Same-Sex):	\$ 45.00	Witness Fees: (KEVIN Personal appearance-up to 4 hours):	\$ 2,995 Min.	
Refusal To Test:	\$ 75.00	Witness Fee: (COLLECTOR Personal appearance-up to 4 hours)	\$ 1,995 Min.	
* Instant testing devices are much less accurate & <u>NOT</u> RECOMMENDED		 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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