

THIRD PARTY ADMINISTRATOR (TPA) AGREEMENT

_____ has entered into an agreement
Company Name
with Kruse Employer Services, LLC, to handle all FMCSA random testing
for our drivers. **Please send all DOT random drug and alcohol test
results to skruse@kruseemployerservices.com AND our company's
DER email, listed below.** All bills for **random** DOT drug and alcohol tests
should be directed to:

**Kruse Employer Services, LLC
1154B Celebration Ave
Celebration FL 34747
skruse@kruseemployerservices.com
319-230-2610**

All other testing (pre-employment, post-accident, etc.) should be billed
directly to the company listed below.

Company Name: _____

Address: _____

Company contact name: _____

Phone number: _____ Email: _____

Authorized Company Signature: _____