



EMPLOYER DRUG
TESTING SOLUTIONS

DOT SERVICE AGENT AGREEMENT - CALENDAR YEAR 2022

According to the US Department of Transportation rules and regulations, a company can have a service agent provide or coordinate the provision of a variety of drug and alcohol testing services to employers. Included in these regulations are requirements that the providers of the drug and alcohol C/TPAs and MROs are certified according to the standards and drug testing procedures required under 49 CFR Part 40. Employer Drug Testing Solutions of the Ozarks, LLC (EDTS) is compliant with all requirements under 49 CFR Part 40. If you are electing to have EDTS as your DOT service agent, please complete the form below.

Name of Motor Carrier: _____

DER Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

E-Mail(s): _____

DOT #: _____ Agency: [] FMCSA [] PHMSA [] Other: _____

[] If the billing address is the same as above, please mark with "X". If the billing address is different from above, please detail below:

Name of Billing TPA: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

E-Mail: _____

Please note that EDTS will send test results, billing and other confidential information to the above fax/e-mail. We require that you keep these secure due to sensitive information that may be transmitted. EDTS should not be held liable for mishandling of sensitive information/material once received.

C/TPA: RANDOM SELECTION PROGRAM & CLEARINGHOUSE QUERY

Please indicate with an "X" whether or not you would like EDTS to provide your random drug/alcohol selections as well as whether or not you would like EDTS to provide clearinghouse system queries (required for all new hires "pre-employment" and all active drivers once annually. By indicating "Yes", the motor carrier agrees to send a complete list of all drivers to EDTS, which will be requested and updated quarterly, (January, April, July, October).

[] I would like EDTS to be my Random Selection Provider (\$100/ annual membership due)

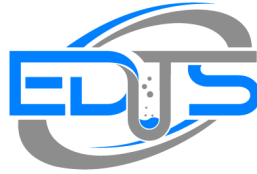
[] I would like EDTS to conduct my required Clearinghouse Query's (\$5/ each query)

EDTS is not responsible for fees charged to the motor carrier by the FMCSA for clearinghouse activities. By indicating "Yes", the motor carrier agrees to comply with FMCSA Clearinghouse requirements and will complete all necessary items for EDTS to conduct queries or report on your behalf.

Signature of Motor Carrier Representative: _____

Signature of authorized EDTS Representative: _____

Effective Date: ____/____/____



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Current Driver List

1. First Name: _____ Last Name: _____ DOB: __/__/____
CDL #: _____ Country of Issuance: _____ State of Issuance: _____
2. First Name: _____ Last Name: _____ DOB: __/__/____
CDL #: _____ Country of Issuance: _____ State of Issuance: _____
3. First Name: _____ Last Name: _____ DOB: __/__/____
CDL #: _____ Country of Issuance: _____ State of Issuance: _____
4. First Name: _____ Last Name: _____ DOB: __/__/____
CDL #: _____ Country of Issuance: _____ State of Issuance: _____
5. First Name: _____ Last Name: _____ DOB: __/__/____
CDL #: _____ Country of Issuance: _____ State of Issuance: _____
6. First Name: _____ Last Name: _____ DOB: __/__/____
CDL #: _____ Country of Issuance: _____ State of Issuance: _____
7. First Name: _____ Last Name: _____ DOB: __/__/____
CDL #: _____ Country of Issuance: _____ State of Issuance: _____
8. First Name: _____ Last Name: _____ DOB: __/__/____
CDL #: _____ Country of Issuance: _____ State of Issuance: _____
9. First Name: _____ Last Name: _____ DOB: __/__/____
CDL #: _____ Country of Issuance: _____ State of Issuance: _____
10. First Name: _____ Last Name: _____ DOB: __/__/____
CDL #: _____ Country of Issuance: _____ State of Issuance: _____
11. First Name: _____ Last Name: _____ DOB: __/__/____
CDL #: _____ Country of Issuance: _____ State of Issuance: _____
12. First Name: _____ Last Name: _____ DOB: __/__/____
CDL #: _____ Country of Issuance: _____ State of Issuance: _____
13. First Name: _____ Last Name: _____ DOB: __/__/____
CDL #: _____ Country of Issuance: _____ State of Issuance: _____
14. First Name: _____ Last Name: _____ DOB: __/__/____
CDL #: _____ Country of Issuance: _____ State of Issuance: _____
15. First Name: _____ Last Name: _____ DOB: __/__/____
CDL #: _____ Country of Issuance: _____ State of Issuance: _____

Signature of Motor Carrier Representative: _____

Date: __/__/____

Please request an additional page if there are more than 15 drivers.