



DOT RANDOM PROGRAM/CONSORTIUM ENROLLMENT FORM

Company Information:

Company Name: _____

Owner or Designated Employee Rep (DER): _____

Mailing Address: _____

Telephone: _____ Fax: _____

Email: _____

Alternate Contact Person: _____

Alternate Phone: _____

Company DOT # (if available): _____ DOT Agency _____

Pool Type: Dedicated Pool Combined Pool (Consortium)

Estimated Average Number of Employees in pool: _____

TERMS & CONDITIONS:

Company agrees to enlist the Consortium Third Party Administration (C/TPA) services provided by Carolina Testing for Random Pool Management. This service agreement is an annual (January 1st to December 31st) agreement which may be pro-rated in the initial terms of the agreement. Membership in the consortium commences upon receipt of signed service agreement and proof of pre-employment testing with negative results. Company may terminate services at any time in writing. Initial set up fee and annual membership fee is non-refundable.

As the Designated Employer Representative or owner/operator of the Company, I hereby agree to the terms of this agreement and further acknowledge that random selections are required to be tested as selected within the timeframe allotted. I understand that Carolina Testing has the right to terminate our enrollment as a participant in the event of non-payment of services or failure to have testing completed as required. Department of Transportation (DOT) regulated owner/operators failing to respond to testing requirements (refusal to test) or testing positive for drugs or alcohol will be immediately removed from the consortium and such removal will be reported to DOT and any applicable agencies.

This agreement will automatically renew and enrollment fees will be assessed on January 1st unless Company or Representative gives Carolina Testing written notice of desire to terminate this agreement, or this agreement is cancelled for any reason by Carolina Testing. It is understood and agreed that it is ultimately the Company's responsibility to stay compliant with DOT regulations.

Authorized Company Signature

Printed Name

Title

____ / ____ / ____
Date