



## RANDOM PROGRAM MANAGEMENT ENROLLMENT & AGREEMENT

### Company Information:

Company Name: \_\_\_\_\_

Owner or Designated Employee Rep (DER): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Company DOT # (if applicable): \_\_\_\_\_ DOT Agency (if applicable):  FMCSA  FRA  FTA  FAA

**Random Pool Requirements:**  DOT  Non-DOT/General Workplace

**Frequency:**  Quarterly (DOT Standard)  Monthly  Other \_\_\_\_\_

**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 term of this agreement. Agreement commences upon receipt of signed service agreement. 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