



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

Drivers License State of Issue: _____ Drivers License Number: _____

Random Pool Requirements: DOT Non-DOT/General Workplace

Frequency: Quarterly (DOT Standard) Monthly Other _____

Pool Type: Dedicated Pool Combined Pool (Consortium) **Average # 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



Confidential Service & Fee Schedule

DOT – FMCSA Regulated Client Rates

SERVICES	In Office	In Network	Out of Network
DOT Urine Drug Test (Includes Collection, Lab Testing & MRO)	\$60.00	\$70.00	\$80.00
DOT Breath Alcohol Test (BAT)	\$30.00	\$50.00	\$70.00
DOT-CDL Physical	\$65.00	varies	Varies

In Office: services completed at a Carolina Testing clinic location.

RANDOM PROGRAM MANAGEMENT SERVICES		
DOT Random Program Management Services Initial Set Up Fee	One Time	\$50.00
1-5 Drivers	Annually	\$50.00
6 – 20 Drivers	Annually	\$75.00
21 – 50 Drivers	Annually	\$125.00

*Annual Fee is prorated quarterly based on date of enrollment and renews annually on January 1.

BILLING & PAYMENT INFORMATION

AUTOMATIC CREDIT CARD PAYMENT

Payments processed by the 5th of the month for the previous month's transactions.

By submitting and signing this document, I attest that I am an authorized user of the credit card provided for payment of services provided by Carolina Drug & Alcohol Testing Services, LLC (CDATS) or its assigns. I authorize CDATS to charge this designated credit card for the total amount due for services rendered on this account within 5 days of invoice generation. I agree to notify CDATS in writing of any changes to my account information or termination of this authorization at least 15 days prior to the next billing date. Unpaid invoices are subject to the terms & conditions of this agreement.

Card Type: MASTERCARD VISA DISCOVER AMEX

Cardholder Name: _____

Account Number: _____

Exp. Date: ____ / ____ Security Code: _____ Billing Zip Code: _____

NET 30 DAYS BILLING

Total Invoice amount is due and payable within 30 days of the invoice date.

TERMS & CONDITIONS:

Payments not received within 45 days of invoice date will incur a \$25.00 late fee plus interest of 18% per annum until paid in full. Payments not received within 60 days of invoice date will be subject to service suspension and collection activities. All collection and legal fees incurred in an attempt to collect on invoices will be added to the account in addition to ongoing finance charges.

I understand and agree to the billing terms & conditions described above.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____