



3600 Power Inn Road, Ste G, Sacramento, CA 95826 916-454-1423 fax 916-454-2764

DOT/PUC REQUIREMENTS

- Written Drug and Alcohol Policy** \$150
 - Required for companies with one or more employees.
 - Employee must be given a copy of the company policy.
- Supervisor Training Program (2 hours)**
 - In class training \$150
 - or
 - Online training \$100
 - Training is required for companies with one or more employees.
- Employee Training & Consequences**
 - One hour online training \$20
- Pre-employment Drug Test** \$62
- Annual Fees Include (Consortium Membership Letter** \$60
 (Confirms you membership in our DOT Drug & Alcohol Program) &
 Semi-Annual Consortium Reports (mailed in January & July)
- Signature of Agreement**
- Current List of Employees**
- Immediate Notification of Address Changes**
- Completion of all Random DOT/PUC Drug and Alcohol Tests**
 - Computer Chosen
- Re-Entry Fee** \$50
 - If removed for non-compliance
- Current Payment of all DOT Required Testing and Services**

***** For Your Information *****

- Access to Substance Abuse Professional (SAP) Referrals** N/C
- Breath Alcohol Test (includes confirmation)** \$30
- Independent Owner/Operator Policies & Training**
 - available at reduced rate

It is our goal to keep your company in compliance with all government regulated programs. Please feel free to call and discuss any aspects of this program. You will receive you confirmation letter when all necessary forms have been received and testing has been completed.

Sincerely,
 Linda Heath
 Product Coordinator
 916-454-1423



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DOT/PUC COMPANY PROFILE

Start Date _____

COMPANY NAME: _____

Address _____

City _____ State _____ Zip _____

PHONE NUMBER: () _____ - _____ FAX NUMBER: () _____ - _____

CONTACT/DER: (1) _____ (2) _____

DOT _____ PUC _____ Under 15 passengers PUC _____ More than 15 passengers

NUMBER OF EMPLOYEES: _____ HOW TO REPORT: _____

EMPLOYEES

DRIVERS LICENSE #

SOCIAL SECURITY #

NOTES TO STAFF:

POLICY _____ MEMBERSHIP LETTER _____ TRAINING _____

SIG. OF AGREEMENT _____ LEFT/REMOVED _____



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“SIGNATURE OF AGREEMENT”

(Company with Employees)

As you may be aware the Department of Transportation has issued revised drug and alcohol regulations effective August 1, 2001. To help members of our consortium better understand their new responsibilities we have summarized the subpart B-Employer Responsibility found on the Certified Federal Register Part 40 Rules and Regulations beginning page 79530 and continuing through page 79533.

According to the new definitions, our facility acts as a “Service Agent” on your behalf. If you would like us to act as an intermediary and provide services to you to help your facility comply with these revised regulations we need your written permission. Please initial the items below and return to us by mail or fax.

1. _____ Drug and Alcohol Policy \$150
2. _____ Supervisor Training (minimum of one hour drug use signs and symptoms, one hour alcohol use signs and symptoms, and employer DOT requirements) \$150 (online \$100)
3. _____ Provide annual consortium membership letter (mailed in January)
4. _____ Provide annual and semi-annual statistical reporting (mailed in January & July)
5. _____ Operate a random drug testing program for consortium members \$62 per test
6. _____ Provide collection of urine drug or breath alcohol specimen
7. _____ Contract with other laboratories or collection sites for testing performed outside of Sacramento
8. _____ Acts as an intermediary by receiving test results directly from the Medical Review Office

Company Name _____ Phone/Fax _____

Designated Employee Representative (DER) _____ Date _____

TOTAL FEE TO ENTER \$310- 360 (Policy, Supervisor Training, annual fees) + \$62 for each employee pre-employment drug test. Annual fee each year thereafter is \$60 (letter & semi-annual reports) + cost of any drug & alcohol testing.