



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

DOT/PUC REQUIREMENTS
(Owner Operator)

- Written Drug and Alcohol Policy** \$65
 - Required for companies with one or more employees.
 - Employee must be given a copy of the company policy.
- Supervisor Training Program (2 hours) OPTIONAL**
 - In class training \$150
 - or
 - Online training \$100
 - Training is required for companies with one or more employees.
- Pre-employment Drug Test** \$62
- Annual Consortium Membership Letter & Semi-Annual Consortium Reports.** \$60
 - Confirms you membership in our DOT Drug and Alcohol Program
- Annual Random DOT/PUC Drug and Alcohol Tests** . . . \$50
 - Co-Owners \$100 per year
 - Computer Chosen
- Signature of Agreement**
- Immediate Notification of Address Changes**
- Current Payment of all DOT Required Testing and Services**
- Re-Entry Fee** \$50
 - If removed for non-compliance

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

- Access to Substance Abuse Professional (SAP) Referrals** . . N/C
- Breath Alcohol Test (includes confirmation)** \$30

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



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COMPANY PROFILE

COMPANY NAME: _____

TYPE OF BUS: _____ START DATE: _____

MAILING ADDRESS:

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

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

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”
(Owner Operator)

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 \$65
2. _____ Supervisor Training (minimum of one hour drug use signs and symptoms, one hour alcohol use signs and symptoms, and employer DOT requirements) \$150 OPTIONAL
Online supervisor training \$100
3. _____ Provide annual consortium membership letter (mailed in January) and semi-annual statistical reporting (mailed in January & July) \$60 per year
4. _____ Operate a random drug testing program for consortium members \$50 per year
- Co-owners \$100 per year
5. _____ Complete a pre-employment drug test \$62
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 \$237(Policy, pre-employment drug screen, annual letters, consortium fees).
Annual fee each year thereafter is \$110 (annual reports and consortium fees); co-owners \$160 per year.
Co-owners total fee to enter \$349.00