



SKY TRANSPORT SOLUTIONS
STRIVE FOR MORE

Drug and Alcohol Testing Enrollment / Agreement

Company Name _____ hereby applies for enrollment in sky Drug Testing Program – for DOT Drug & Alcohol testing according to FMCSA 49 CFR – Part 382 Regulations.

Address _____ City, State, Zip _____

Day Phone _____ Cell _____ Text Yes No

Fax: _____ Email: _____

Designated Employee Representative (DER) _____

Alternate Contact Name _____ Tel: _____

Drivers Name	Driver ID (SS#, DL#, EMP ID)
_____	_____
_____	_____
_____	_____
_____	_____

(If you need more room for drivers enrolling in program attach on separate sheet)

I am an Owner Operator with only 1 vehicle and no other drivers

I am a Company with more than 1+ vehicle/1+ drivers to be enrolled in my program.

Have you been enrolled in a Drug & Alcohol program in the past 30 days? Yes No

****If you have been out of a program for more than 30 days you are required to have a pre-employment drug screen.

I/We understand that by enrolling in this consortium I agree to comply with the necessary requirements as listed in compliance of the D.O.T. FMCSA 49 CFR – Part 382 regulations. I acknowledge that by not reporting or sending an employee to a collection facility when we have been randomly selected that this will be counted as a “refusal to test” which is counted as a “positive” result and I will be required to seek counsel from a substance abuse professional. I/We further understand that continuous membership in the consortium will require an annual payment of the membership fee in addition to the charge that is in effect for testing and processing the sample whenever a drug/alcohol test is required. Below are the current testing fee rates.

NEW Company Enrollment fee\$195 (SUPERVISOR TRAINING INCLUDED)
New Owner Operator (single driver) fee\$195 (includes initial P/E test)
Online Supervisor Training \$50 (Certificate provided)
BAT (Breath Alcohol Tests)\$50 (DOT/NDOT)
Urine Drug Screens (5 panel DOT, CERTIFIED LAB/MRO).....\$50
Confirmation Testing\$150 (run thru secondary SMSHA Lab)
Annual Membership Renewal\$195

***All fees are subject to change

Membership includes: Sample DOT Company Policy, DOT approved Random generation Selection, collection site network, MIS Report, DOT Audit Assistance, Bi-Annual Lab Summary Report, CHP Audit assistance, Substance Abuse Professional Referrals.

Client understands that each custody & control form (CCF hardcopy) is similar to a “blank check” in that can be used for a drug test, and that therefore, the employer is held responsible and accountable not only for each form but for all the tests conducted pursuant to a chain of custody form issued to Client by Sky Drug Testing.

Program Term – Subject to the provisions for termination as hereinafter provided, the term of this Agreement, as amended from time to time, shall become effective on the date on which a representative of Client signs it and this Agreement will remain in effect for the period of one (1) year and shall be automatically renewable thereon in the same increments until it is terminated by giving 30 days written notification by either party.

File retention – Client as employer understands that he is required to keep the following files for the specified amount of time.

Five Years – All Alcohol tests showing an alcohol concentration of .02 or greater.

10/05/17 updated

Employee verified positive drug test results (MRO) written report of verified tests.

Documentation of refusals to take required alcohol and/or drug tests including adulterated and substituted.

All SAP reports

All follow-up tests and schedules for follow up tests.

Three Years – Records of inspection, maintenance, calibration of EBT's if used

One Year – Negative and cancelled drug tests results and alcohol test results with an alcohol concentration less than .02

Program Administration Responsibilities – Sky Drug Testing's objective is to provide consistent, objective and complete drug and alcohol testing, training, data management and reporting for its Clients.

All agreements and arrangements, written or unwritten, between Sky Drug Testing and our client herein concerning the implementation of DOT drug and alcohol testing requirements are deemed, as a matter of law, to require compliance with all applicable provisions of Part 40 and DOT agency drug and alcohol testing regulations. Compliance with these provisions is a material term of all such agreements and arrangements. Therefore both parties are required to perform their respective duties in compliance with the regulations. This is true whether the parties sign a statement they will provide compliant services or not.

Name of Company: _____ Date _____

Address: _____ City,State,Zip _____

Print Authorized Company representative: _____

Signed by Authorized Company Signature _____

Confidentially kept on file

Credit or Debt Card Payment, # _____ Expires _____

() Auto-renewal Name on card: _____

Billing Address on CC:
