



BLUE RIDGE TM LLC

Drug and Alcohol Application

Company Information			
Company Name			
Company DBA			
Company Address			
City	State/Province	Postal Code	Can mail be delivered here <input type="checkbox"/>
Mailing Address			
City	State/Province	Postal Code	Can mail be delivered here <input type="checkbox"/>
Owners Name		DER Name	
(Designated Employer Representative(s) (DER) Authorized to receive test Notifications)			
Phone ()	Fax ()	Cell ()	
US DOT #	MC #	Email	

Report Selection	
<p>A Medical Review Officer (MRO) is responsible for reviewing and releasing the drug test results. Blue Ridge TM LLC utalizes the services of Dr Kirby Griffin as our MRO. For your convienace we offer two different reporting methodns.</p>	
<input type="checkbox"/> Email Reporting (email required)	<input type="text"/>
<input type="checkbox"/> Fax Reporting (secured Fax number required)	<input type="text"/>

Program Fees	
<input type="checkbox"/> 1	\$35.00 Enrolment Fee for company charged yearly (non refundable) and \$10.00 per month per driver.
Number of Drivers	_____ x \$ _____ = \$ _____
<p>monthly charges start the following month after enrolment. If your account becomes past due after 60 days your company will be removed from the Drug & Alcohol Consortium which will put it in Non Compliance with the DOT Regulations. 49 CFR Part 40</p>	
Pre employment, Post Accident, Random Drug Tests only.	\$75.00
Random Drug & Alcohol Tests.	\$125.00
<p>The credit card on file will be charged only after tests are taken and before results are released to client. Initial <input type="text"/></p>	
<p>I understand that we must notify Blue Ridge TM LLC by fax all Driver additions/Deletions and when drivers are sent for tests. <input type="text"/></p>	
<input type="checkbox"/> master card	<input type="checkbox"/> Visa
<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Card Number	_____ Exp Date _____ - _____ Sec Code _____
Card Holder Name	_____
Billing Address	_____
City	_____ State _____ Zip _____
<p>I herby authorize Blue Ridge TM LLC to automatically bill the card listed above for the Drug & Alcohol program for the recurring amount listed above, on the 1st of every month and a \$35.00 annual re-enrolment fee on the anniversey date listed below, and all Drug test fees incurred listed above.</p>	
Signature	_____ Date _____



BLUE RIDGE TM LLC

Drug and Alcohol Application

Driver Information

Company Name _____

Drivers Name _____

Drivers Date of Birth ____ / ____ / ____ Drivers SSN ____ - ____ - ____

Type of License Commercial Drivers License Standard Drivers License

YES NO Prior ro employment with your company was the driver enrolled in a Drug and Alcohol Program or taken a Drug and Alcohol test within the last 30 days.

YES NO If you answered YES to the above question can the driver provide proof of the prior enrollment or provide those test results.

Drivers Name _____

Drivers Date of Birth ____ / ____ / ____ Drivers SSN ____ - ____ - ____

Type of License Commercial Drivers License Standard Drivers License

YES NO Prior ro employment with your company was the driver enrolled in a Drug and Alcohol Program or taken a Drug and Alcohol test within the last 30 days.

YES NO If you answered YES to the above question can the driver provide proof of the prior enrollment or provide those test results.

Drivers Name _____

Drivers Date of Birth ____ / ____ / ____ Drivers SSN ____ - ____ - ____

Type of License Commercial Drivers License Standard Drivers License

YES NO Prior ro employment with your company was the driver enrolled in a Drug and Alcohol Program or taken a Drug and Alcohol test within the last 30 days.

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Drivers Name _____

Drivers Date of Birth ____ / ____ / ____ Drivers SSN ____ - ____ - ____

Type of License Commercial Drivers License Standard Drivers License

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YES NO If you answered YES to the above question can the driver provide proof of the prior enrollment or provide those test results.



Blue Ridge TM LLC

PO Box 868 Hiawassee, GA 30546

Ph (706)-435-0531 Fax (706) 435-0551

DRUG AND ALCOHOL CONSORTIUM TERMS AND CONDITIONS

The Department of Transportation regulations governing drug and alcohol testing programs (49 CFR Part 40) make it very clear that the Client (also referred to as 'Company') is responsible for all aspects of compliance with the regulations. That applies even if a company such as Blue Ridge TM LLC has been designated as a service agent. It is critical that the Client understand this concept. The responsibilities for each party are outlined below:

Responsibilities of Blue Ridge TM LLC:

- Provide a Certificate of Enrollment documenting the Client's participation in a DOT 49 CFR Part 40 compliant program.
- Provide a random selection process fully compliant with DOT regulations.
- Provide Post Accident Cab Kits and replenish upon request.
- Pre-Employment Testing - Provide all necessary forms, instructions and access to over 6,000 collection sites nationwide.
- Aid in the Verification of Prior Violations by providing 'Release of Information' forms and support.
- Update the consortium pool with Client provided driver information and maintain 'Audit Ready' listing of participants.
- Provide Chain of Custody forms as needed for all DOT required drug and alcohol testing.
- Ensure all testing is completed by DOT compliant (SAMHSA) laboratory.
- Provide a DOT certified Medical Review Officer (MRO) review for every test result.
- Provide guidance and support for Reasonable Suspicion testing including training for supervisors.
- Provide all test results ASAP and in a secured and confidential fashion as directed by the Client.
- In the event of a positive test result provide access to a network of DOT compliant Substance Abuse Professionals (SAP's) available in the Client's area.
- As directed by SAP provide Follow-up test notification and result monitoring.
- Serve as the secondary custodian of all test records providing a back-up copy of the records as per DOT regulations.
- Complete all DOT requested MIS reports as required, on schedule, and in the required formats.
- Provide verification of compliance, participant names and any other available information to auditors as requested.

Responsibilities of Client or Owner Operator)

- New Employees: Require employees complete a Pre-Employment drug test and receive a negative result prior to starting safety sensitive (driving) work.
- Existing Employees: Maintain a legible copy of a Pre-Employment test result available for review and/or audit.
- Complete Verification of Prior Violations process for each new employee.
- Provide ongoing and timely information of all changes to the safety sensitive employee roster to Blue Ridge TM LLC.
- Distribute Random Selection Notification letters to employees.
- Ensure selected employees report for random testing by due date indicated.
- Determine if a Post-Accident drug and alcohol test is necessary following any accident.
- Make the final determination whether or not to conduct a Reasonable Suspicion test.
- Provide Blue Ridge TM LLC with a secure and confidential means to receive test results.
- If an employee tests positive make the final determination on whether to refer employee to a SAP or terminate the employee.
- Ensure an employee does not resume safety sensitive role prior to SAP approval.
- Provide any and all training to each employee as per DOT regulations.
- Ensure each supervisor receives the DOT required Reasonable Suspicion training through Blue Ridge TM LLC or another provider.
- Serve as the primary custodian of the records as per the DOT regulations.
- Ensure any test results not generated from Blue Ridge TM LLC are reported to Blue Ridge TM LLC.
- Remain ultimately responsible for the outcome of any audit.

COLLECTION COSTS

Any reasonable expenses incurred by Blue Ridge TM LLC, or its agents, for collecting past due amounts will be immediately due and payable by the Employer.

AUTOMATIC PAYMENT CHARGES

Client agrees to have a credit card on file and a monthly service fee will be charged the 1st of every month. All testing fees are not included in the monthly fee. Those fees are listed below and will be charged at time of notice. See below for testing charges. Any Automatic Payment authorized by Client which is rejected or not honored by client's bank or credit card issuer for any reason, along with any costs and expenses incurred in connection with collection of such dishonored Automatic Payment will immediately cancel the drug and alcohol program that client is enrolled in.

GOVERNING LAW

This Service Agreement is governed by the laws of the state of Georgia.

CANCELLATION

Either party may cancel this agreement upon 30 days written notice.

ATTORNEY'S FEES

Both parties agree that should a suit or action be instituted to enforce the terms of this Service Agreement, the prevailing party shall be entitled to reasonable attorneys' fees in such litigation, and on any appeal.

INDEMNIFICATION

Client agrees to indemnify Blue Ridge TM LLC, its assignees, and vendors, and hold each of them harmless from and against any and all claims, demands, losses, damages, liabilities, costs, and expenses, including legal fees, arising out of or by reason of any breach or alleged breach by Blue Ridge TM LLC of any of the representations, warranties, or agreements made under this Service Agreement.

TERMS FOR EXPULSION FROM THE CONSORTIUM

Blue Ridge TM LLC strives to help keep Clients in compliance with the regulations however ultimately the responsibility lies with the Client. Should the Client fail to comply with the regulations as set forth by 49 CFR Part 40, Blue Ridge TM LLC reserves the right to expel the Client from all Blue Ridge TM LLC random selection pools. Expulsion for any reason may result in immediate notification to the DOT.

Company Registration includes first driver	\$35.00
1 Driver	\$10 per month
2 + Drivers	\$5 per month per driver
DOT Panel 5 Drug Test	\$75.00 (In network) - Out of network \$75.00 + network fees
DOT Alcohol Breath Test	\$50.00 (In network) - Out of network \$75.00 + network fees
DOT Collection Fee	Included (additional charges may apply at non Quest sites)
MRO (Medical Review Officer)	Included
Random Selection Reports	Included
24 Hour Emergency Support Line	Included
State and Federal Audit Reports	Included
Federal Test Forms	Included
Supervisor Training Certification Course	\$75.00
Post-Accident After Hours Drug Test	At Cost for Local Area

Occasionally a client may be pulled for a combination Drug and Alcohol test then the price will be \$125.00. All testing fees will be charged to the credit card that is on file. Those fees will be charged only after tests are taken and before results are released to client. The monthly fee will be charged from the client's credit card that was supplied on application, every 1st of every month. If the 1st of the month falls on a weekend then the credit card will be charged the following business day. If credit card charge is declined then Blue Ridge TM LLC will make all reasonable attempts to contact client to resolve issue. If within 5 business days the monthly fees are not paid then the client will be removed from Drug & alcohol consortium. It is up to the client to notify Blue Ridge TM LLC of any change of credit card and any changes in the client information and/or driver information. \$35.00 annual renewals are due on the yearly date of enrollment.

I _____ have read and understand the terms of this agreement on
(Print name)

_____ and agree to all terms of the above agreement. I also agree to a monthly
(Month) (Day) (Year)

Charge in the amount set forth in this contract on the 1st of every month.

(Client Signature)

(Company Name)

BLUE RIDGE TM LLC

PO BOX 868 HIAWASSEE, GA 30546

PH: 706-435-0531 Fax 706-435-0551 email: sales@blueridgetmllc.com

Drug and Alcohol Program Driver Add On, Delete, and/or Test Request

Company Information

Company Name _____

Phone () _____ Fax () _____ Cell () _____

Company Official Requesting Test and/or Driver Add on _____

Services Requested

Driver Add into program Remove driver Sending Driver for Test (if check
from program marked please indicate type of test below)

Type of drug test requested

Pre Employment Post Accident Reasonable Suspicion Random

Federal Drug Testing Custody and Control Form Specimen ID Number (located on the bottom of the Custody Control Form used EX: 00000000 - 00000000 1 5 1 0 2 2 8 9 - _____)

Report Selection

A Medical Review Officer (MRO) is responsible for reviewing and releasing the drug test results. Blue Ridge TM LLC utilizes the services of a third party Dr as our MRO. How would you like the results delivered to you.

Email Reporting (email required) _____

Fax Reporting (secured Fax number required) _____

Driver Information

Drivers First Name _____ Middle Initial _____

Drivers Last Name _____

Drivers Date of Birth _____ - _____ - _____ Drivers SSN _____ - _____ - _____

Drivers License Number _____ Exp Date _____

Type of License Commercial Drivers License Standard Drivers License

YES NO Prior to employment with your company was the driver enrolled in a Drug and Alcohol Program or taken a Drug and Alcohol test with in the last 30 days.

YES NO If answered Yes to the above question can the driver provide proof of the prior enrollment or prior test results