



Rested Care Management Consortium Program is for random drug and alcohol screening. With your initials and signature, you understand that you as well as any other employees are at equal risk for being selected to have a drug and/or alcohol screening according to the Federal Motor Carrier Safety Administration, FMCSA. The percentages for screening are regulated and determined by the FMCSA.

Please read the following statements carefully, initialing, and providing a signature that acknowledges that you understand each statement and all the information.

- _____ I understand that before joining any random testing pool I must have a pre-employment Urine Drug Screening or provide proof of enrollment from my current or previous consortium program. The proof must show that I was eligible for drug screening within the last 30 days from today.

- _____ I understand that by joining Rested Care Management, LLC's Consortium Program, my business is subject to random testing that is determined through the random generation software used by Rested Care Management, LLC.

- _____ I understand that I can list myself as the person of contact but for my benefit I should have a Designated Employer Representative as a contact to ensure I do not miss any calls if I am randomly selected.

- _____ I understand that once notified I must report to the collection site immediately and must arrive within one hour.

- _____ I understand that if I fail to have the randomly selected tests performed or fail to report to a collection site immediately after notification, I will be removed from the random testing program.

- _____ Any fees made today are non-refundable, provides consortium services for the rolling calendar year. I understand if I would like to continue with Rested Care Management, LLC I must renew and submit payment by the end of the month for the following year.

- _____ I understand that if I fail to contact/provide payment to Rested Care Management, LLC for any services my company will be removed from the consortium program.

- _____ If I am removed from the consortium program for non-compliance, Rested Care Management, LLC reserves the right to charge an additional fee or refuse readmission into this program.

I have read and understand all information in this contract and agree to pay the service fee contracted.

Signature

Date



Owner Operator