

 *is a consortium for Owner – Operators and Small Companies*

USDOT RANDOM DRUG & ALCOHOL TESTING

If your company has...

commercial vehicles with a gross combination weight of 26,001 pounds or greater

or has vehicles that are designed to transport 16 or more passengers

or transports hazardous materials

... you are required to have a Random Drug & Alcohol Program in place before beginning operations. (49 CFR 382 & 49 CFR 40). For more information on the USDOT regulations visit www.fmcsa.dot.gov/rules-regulations/administration/fmcsr/fmcsrguidedetails.asp?regulation=382.

CMS/dotstop Consortium Program

Process Agent Service Company, Inc. (PASCO) is an authorized re-seller of the CMS/dotstop Drug Screen Program.

For as little as \$165, you can obtain membership in the **CMS/dotstop** consortium program for the random drug and alcohol screening.

To proceed with membership complete the following forms:

Membership Application

Order Form

Articles of Agreement

Send these completed forms, along with your payment to PASCO:

By Mail:

PASCO

PO Box 1065

Sioux Falls, SD 57101-1065

By Fax:

(800) 868-1945

Upon receipt of the completed forms and payment, PASCO will submit the information directly to CMS/dotstop for processing.

CMS/dotstop will provide your membership information and drug screen kits, and is responsible for the consortium services.



Random Consortium Plans

For more information call PASCO at (800) 335-8840



is a consortium for Owner – Operators and Small Companies

Plan 1: Owner – Operator

1. Annual membership includes any twelve (12) month period.
2. Services include¹:
 - a. 1 Pre-Employment Drug Screen² (1st year only)
 - b. 2 Random Drug Screen Kits
 - c. 1 Post-Accident Drug Screen Kit
3. Membership Fees
 - a. New Member \$165.00
 - b. Renewal³ \$125.00

Plan 2: Small Company

1. Annual membership includes any twelve (12) month period.
2. Services include random consortium services
3. Membership Fees
 - a. New Member \$165.00 + \$30.00/Driver⁴
 - b. Renewal³ \$125.00 + \$30.00/Driver
4. Available (*but not required or included*)
 - a. Pre-Paid Pre-Employment Drug Screen Kit \$40.00 each
 - b. Pre-Paid Post-Accident Drug Screen Kit \$20.00 each

Both Plans Include:

- ✓ **Sample Company Policy**
- ✓ **Reasonable Suspicion Training** materials for a self-study & Certification
- ✓ **Best Practices for DOT Drug and Alcohol Testing** (FMCSA Publication)
- ✓ **What Employers Need To Know About DOT Drug and Alcohol Testing** (FMCSA Publication)

All are available at no charge by emailing a request to:
dphillips@corporatemedicalservices.com

For more information call PASCO at (800) 335-8840

¹ Services paid by CMS are the drug screen, transportation of specimen to lab, lab screen & GC/MS confirmation, Medical Review and reporting to the company. With the CMS/dotstop consortium programs, **CMS IS NOT RESPONSIBLE FOR PAYMENT TO THE CLINIC(S)** for the drug screen collection, breath alcohol screen or DOT physical (if required).

² Prerequisite for membership: Owner-Operator is not considered a part of the CMS/dotstop consortium until he/she has a negative pre-employment drug screen.

³ Renewal is based on **UNINTERRUPTED** Membership and must be submitted before the end of the current membership period.

⁴ First Driver Included at no charge



Membership Application

www.processagents.com

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DOT#: _____

MC#: _____

COMPANY TYPE: SMALL COMPANY

OWNER-OPERATOR

Company	
Street Address	
City, ST Zip Code	
Mailing Address <i>(If Different)</i>	
City, ST Zip Code	

Contact and Reporting Information

Reporting Method	<input type="checkbox"/> Fax	<input type="checkbox"/> Mail	<input type="checkbox"/> Email
	<i>(Choose One)</i>		
Primary Contact			
2nd Contact			
Telephone	()		
Fax	()		
Cell Phone	()		
Email Address			
Email Password <i>(6 -10 characters)</i>	<i>(This is the password you would like to use to open drug screen results if you choose to have them emailed to you)</i>		

START-UP DRIVER LIST

of Covered Employees

	Last Name	First Name	Social Security Number
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

If necessary, after completing the application information, photocopy this page to add additional drivers.



ORDER FORM

Process Agent Service Company, Inc. (PASCO) is an authorized re-seller of the *CMS/dotstop Drug Screen Consortium Program*. Fees for enrollment in the consortium plan are made payable to PASCO. Upon receipt of the completed application form and payment, PASCO will submit the information directly to CMS/dotstop for processing. CMS/dotstop will provide your membership information and is responsible for the consortium services.

<u>Owner-Operator Random Drug Screen Program</u>	
Random Drug Screen	\$165.00
1 Pre-Employment Drug Screen Kit	\$0
1 Post Accident Drug Screen Kit	\$0
Total Payment	\$165.00

<u>Small Company Random Drug Screen Program</u>			
# of Drivers	First Driver Random Drug Screen Tests included in Company Membership	X \$30.00 per additional driver	+ \$165.00
	(____ -1) = ____	\$ _____.00	\$ _____.00
Small Company Available Services Drug Screen Kit			
Pre-Employment	\$40.00 ea	Qty ____	\$ _____.00
Post Accident (Cab Packs)	\$20.00 ea	Qty ____	\$ _____.00
Total Payment			\$ _____.00

(To determine amount of payment see "How to figure your Set-up Fee" – pg. 4)

PAYMENT INFORMATION:



By signing this form, I am authorizing the use of the credit card information provided below in the amount of \$ _____ as payment for the Drug & Alcohol Consortium Program fees.

Cardholder Signature: _____

Cardholder Name: _____ **Card Code *:** _____

(*The card code is the 3 digit number on back of card, or 4 digit number on face of card.)

Credit Card #: _____ **Exp. Date:** _____

Credit Card Billing Address: _____

When paying with credit card: - Fax order form & membership application to:
Fax # (800) 868-1945

When paying with check: - Mail check, order form & membership application to:
PASCO ~ P.O. Box 1065 ~ Sioux Falls SD 57101-1065



ARTICLES OF AGREEMENT

CMS/dotstop (hereafter called "Provider") and _____ (hereafter called the "Company" and designated as an "Owner - Operator" or "Small Company" where this agreement is interpreted differently as indicated in the preceding Application "Company Type") agree to the following Articles:

1. Provider will assist the Company in management of its Pre-Employment, Random and Post-Accident drug screening and alcohol misuse testing in accordance with 49 CFR Part 382.
2. Provider will provide the following services as required by Federal Regulations 49 CFR Part 382 and guidelines in 40 CFR Part 40: Pre-printed Chain of Custody and Control Forms; cost of the transportation to, drug testing by, and direct electronic reporting from a SAMHSA certified laboratory to the MRO.
3. Provider will provide test results to the Company by U.S. mail, confidential fax, or password protected email.
4. Provider will insure Alcohol misuse tests are provided in accordance with 49 CFR Part 382.
5. Provider will maintain all drug screen and alcohol misuse testing results as required by Federal Regulations.
6. Provider will be responsible for maintaining a Random Testing program in accordance with the Federal Regulation as published by the Federal Motor Carrier Safety Association. This would include maintaining an accurate consortium of drivers available for selection for drug screening and/or alcohol misuse testing as defined in 49 CFR 382.305.
7. Provider agrees to indemnify and hold harmless the Company for any of the following reasons: errors and omissions, negligence on the part of the Provider, or actions by the Provider not in accordance with the Federal Regulations.
8. Company agrees to hold Provider harmless for reasons: negligence of the Company; Company actions that are not in accordance with the Federal Regulations.
9. Company accepts full responsibility of participating in the consortium in a manner which is compliant with the Code of Federal Regulations, 49 CFR Part 382.

<p>10. The Owner-Operator agrees that when notified he/she will immediately present himself/herself to the clinic for testing. If the Owner - Operator does not comply, this agreement will be immediately terminated.</p>	<p>The Small Companies agree that when the Designated Employee Representative ("DER") of the Company is notified, the Company will have up to ten (10) days to have any required screens preformed. Companies with screens not preformed within ten (10) days will be terminated from the consortium. When the DER notifies the selected driver, that driver must proceed immediately to the collection facility.</p>
<p>If the Owner-Operator or Small Company is terminated, upon review, the company may be reinstated by providing documentation of the reason leading to failure to comply with a request for random testing.</p>	

11. Company is responsible for payment for services not already detailed in this agreement including: drug screen collection and alcohol misuse testing.
 12. Company agrees to notify Provider immediately of any changes in drivers included in the program, business status, address, telephone numbers, etc.
- | | |
|---|--|
| <p>13. The Owner-Operator will be terminated from the consortium upon notification to the Owner-Operator of an MRO reviewed positive drug screen or notification from a Breath Alcohol Technician (BAT) or Saliva Alcohol Technician (SAT) with a confirmation test result with a concentration of 0.004 or greater.</p> | <p>Small Company's DER will be notified of an MRO reviewed positive drug screen or notification from a Breath Alcohol Technician (BAT) or Saliva Alcohol Technician (SAT) with a confirmation test result with a concentration of 0.004 or greater.</p> |
|---|--|
14. Tennessee law will govern this Agreement. The invalidity or unenforceability of any provision of this Agreement shall not impair the validity and enforceability of the remaining provisions.
 15. This agreement is binding on both parties until it is terminated by written notice by either party, the expiration of the term of this agreement, or non-compliance for Owner-Operators as outlined in Articles 10, 12 or 13 or a Small Company as outlined in Articles 10 & 12.

Company Name: _____ Date: _____

Printed Name: _____ Signature: _____



How to figure your Set-up Fee

Small Company

First Year

Your Company				
	# of Drivers	First Driver included in Company Membership Fee	X \$30.00	+ \$165.00
Sample Co. A	20	(20 -1) = 19	\$ 570.00	\$ 735.00
Sample Co. B	8	(8 -1) = 7	\$ 210.00	\$ 375.00
Sample Co. C	1	(1 -1) = 0	\$ 0.00	\$ 165.00
Your Company		(-1) =		
	<i>Number of drivers in your company</i>	<i>To meet DOT standards 1/2 of the drivers in the consortium should be tested to be compliant. Your share would be at the same rate.</i>	<i>This is your company's share of the cost of the consortium's drug and alcohol screens.</i>	<i>This fee is for the administrative expenses of the consortium.</i>

All Other Years

Your Company				
	# of Drivers	First Driver included in Company Membership Fee	X \$30.00	+ \$125.00
Sample Co. A	20	(20 -1) = 19	\$ 570.00	\$ 695.00
Sample Co. B	8	(8 -1) = 7	\$ 210.00	\$ 335.00
Sample Co. C	1	(1 -1) = 0	\$ 0.00	\$ 125.00
Your Company		(-1) =		
	<i>Number of drivers in your company</i>	<i>To meet DOT standards 1/2 of the drivers in the consortium should be tested to be compliant. Your share would be at the same rate.</i>	<i>This is your company's share of the cost of the consortium's drug and alcohol screens.</i>	<i>This fee is for the administrative expenses of the consortium.</i>

Small Company Available Services – Drug Screen Kits

	Cost	QTY	TOTAL
Pre-Employment	\$40.00		\$
Post-Accident (Cab Packs)	\$20.00		\$
TOTAL from SET-UP FEE			\$
Small Company TOTAL			\$

Owner-Operator

First Year	\$165.00
All Other Years	\$125.00

CMS/dotstop is responsible for the drug screen only.
The company is responsible for payment of the drug screen collection and/or breath alcohol screen to the collector or clinic.

No Company is active until all Set-Up Fees are paid.