

SAFETY CONSULTANTS, INC.

4709 N. El Capitan ♦ Suite 206 ♦ Fresno, CA 93722 ♦ Office: (559) 276-6207 ♦ Fax: (559) 276-6206

**MOTOR CARRIER
ACCOUNT NUMBER:** _____
(FOR OFFICE USE ONLY)

APPLICATION / CERTIFICATION TLC TRANSPORTATION MANAGEMENT/SAFETY CONSULTANTS, INC. CONSORTIUM

MOTOR CARRIER NAME: _____

PHYSICAL ADDRESS: _____
ADDRESS CITY STATE ZIP

MAILING ADDRESS: _____
IF DIFFERENT ADDRESS CITY STATE ZIP

PHONE: () _____ **CELL:** () _____ **FAX:** () _____

SSN / TAX ID NUMBER: _____ **LICENSE NUMBER:** _____

DOT/CA NUMBER(S): _____

HAVE YOU EVER BEEN A MEMBER OF THIS CONSORTIUM: YES NO

IF YES, UNDER WHAT NAME: _____

DESIGNATED EMPLOYER REPRESENTATIVE(S) (DER):
(PERSON(S) AUTHORIZED TO HANDLE CONFIDENTIAL INFORMATION)

1. _____
PRIMARY CONTACT: FIRST LAST

2. _____
FIRST LAST

3. _____
FIRST LAST

4. _____
FIRST LAST

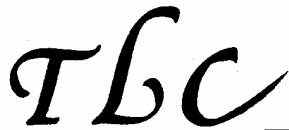
I CERTIFY THAT I AM AN EMPLOYEE OF AND AUTHORIZED TO REPRESENT THE MOTOR CARRIER INDICATED ABOVE, THAT I HAVE READ, INITIALED, UNDERSTAND, AND AGREE TO ADHERE TO THE CONSORTIUM GUIDELINES PROVIDED TO ME WITH THIS APPLICATION:

PRINT NAME / TITLE

SIGNATURE

DATE

IN ORDER TO PROCESS YOUR APPLICATION PLEASE ENCLOSE THE \$45.00 SET UP FEE AND DRIVER ENROLLMENT FEE(S).



SAFETY CONSULTANTS, INC.

4709 N. El Capitan ♦ Suite 206 ♦ Fresno, CA 93722 ♦ Office: (559) 276-6207 ♦ Fax: (559) 276-6206

CONSORTIUM DRIVERS LIST

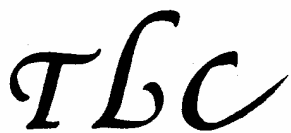
ACCT NUMBER	COMPANY NAME			DATE
DRIVER'S FULL NAME	LICENSE NUMBER	ISSUING STATE	LICENSE CLASS	ADD OR DELETE
A = Class A B = Class B B/P = Class B with Passengers C/H = Class C with Hazardous Materials Endorsement C/S = Class C with Special Certificate C/P = Class C with PUC Permit issued				
TOTAL DELETIONS: _____ (NO CHARGE)		TOTAL ADDITIONS: _____ (X \$25)		AMT DUE: \$ _____

 X
SIGNATURE (REQUIRED)

()
PHONE NUMBER

FMCSR 382.301 "Prior to the first time a driver performs safety-sensitive functions for an employer, the driver shall undergo testing for controlled substances as a condition prior to being used." "No employer shall allow a driver, who the employer intends to hire or use, to perform safety-sensitive functions unless the employer has received a controlled substances test result from the MRO or C/TPA indicating a verified negative test result for that driver."

FOR OFFICE USE ONLY
ENTERED BY: _____
DATE: _____



SAFETY CONSULTANTS, INC.

4709 N. El Capitan ♦ Suite 206 ♦ Fresno, CA 93722 ♦ Office: (559) 276-6207 ♦ Fax: (559) 276-6206

PURPOSE: To meet a motor carrier’s demands associated with random selection of their commercial motor vehicle drivers for alcohol and substance abuse testing. Our Consortium will comply with the **Code of Federal Regulations, Parts 40 and 382**. Each Consortium Member is responsible for the timely testing of their randomly selected driver(s) and the reporting of test results to the Consortium. Each member is responsible for all other required alcohol misuse and substance abuse training and testing. TLC Safety Consultants will provide training and guidance on DOT regulated matters at an additional cost.

OBJECTIVE: To provide members of this consortium the management and controls necessary to meet motor carrier obligations required by **Part 382, Section 382.305, Title 49, Federal Motor Carrier Safety Regulations** (random testing).

CONSORTIUM MANAGEMENT: TLC Safety Consultants, Inc. employees will have full management control of the Consortium. We will maintain and provide each member of the Consortium the required historical documentation.

CONSORTIUM MEMBERSHIP: A Consortium Member is a motor carrier having employees subject to **Part 382, Title 49, Federal Motor Carrier Safety Regulations**, including owner operators, and is in full compliance with the rules as set forth in this agreement. To become a member, **a company set up fee of \$45.00 will be required at time of enrollment as well as an annual per driver fee of \$25.00.** TLC Safety Consultants, Inc. reserves the right to cancel the membership of any motor carrier not in good standing. Any consortium member may cancel their individual membership at any time. Any cancellation of consortium membership shall be in writing.

CONSORTIUM GUIDELINES:

<u>SUBTITLE</u>	<u>ITEM NUMBER</u>
Agreement - Consortium	1
Account Number - Driver, Company	2
Correspondence - General	3
Drivers - Additions & Deletions	4
Financial Charges - Membership, Driver	5
Forms - Provided, Required Handling	6
Notifications - Driver Selection	7
Random Selection Methodology - System Used	8
Records - Annual Certification, Membership Role	9
Selection Process - Driver	10
Test Results - Notification Requirements	11
Questions - Relating to Consortium Functions	12

*****Each Consortium member must read and initial each paragraph where indicated.**

By initialing the paragraph(s), you agree that you understand your responsibilities regarding this program.***

(1) Agreement — To become a member of our Consortium, a motor carrier must review the Consortium’s general information and guidelines and submit a completed Application along with the required fees. Consortium Management will maintain a master file of all membership agreements at its business office.

Initial

(2) Account Number — Each Consortium member will be provided an alpha/numeric account number for company identification purposes. Each driver enrolled in the Consortium will be identified by his/her name and CDL number.

Initial

(3) Correspondence — Letters or other documentation relating to the Consortium may be directed to TLC Safety Consultants, Inc., 4709 N. El Capitan, Suite 206, Fresno, CA, 93722.

Initial

(4) Drivers, Additions & Deletions — Drivers are to be **added at time of employment and deleted at termination** using the “Consortium Driver List” form provided. There is no cost in deleting drivers. Drivers must be removed from the active driver’s list prior to the annual driver fee in order to avoid charges for that driver (see Item 5). **Consortium Management will provide a current member a roster of their drivers upon request.**

Initial

(5) Financial Charges, Membership, Driver — **(a)** A one time \$45.00 administrative charge per member (motor carrier) is required at the time of membership application. **(b)** A fee of \$25.00 per driver for a twelve-month period is required at the time a driver is entered into the random selection program. Each member will be notified by the Consortium when renewal fees are due. No refund of driver enrollment fees will be made even though a driver may terminate his/her employment. The terminated driver must remain on the random selection historical record. **(c)** Failure to pay Consortium fees when due will be cause for cancellation of membership. **(d)** Accounts with past due balances will be unable to charge services. Accounts with a history of past due balances may be put on a Cash on Delivery (COD) account status at Management discretion. **(e)** Application updates (i.e., address, telephone number, contact information) will be at no charge, however, company name changes will require a new application and a \$20.00 processing fee. If the changes require a new account number, the full enrollment fees will be charged. **(f)** There will be a \$25.00 fee charged for all returned checks. **(g)** If your account balance must be resolved through collections or small claims, you will be responsible for all fees incurred during the collection process.

Initial

(6) Forms Provided, Required, Handling — **(a)** All forms necessary to participate in the Consortium activities will be provided at no additional charge. Blank forms, random selection documents, and related correspondence will be mailed (postage paid) or hand delivered (no charge) by Consortium Management. **(b)** Members may hand deliver documents to Consortium Management or mail such documents (postage paid) (See Item 3). **(c)** All changes made to a Consortium Members’ information, such as address, contact information, phone number, etc., shall be done in writing.

Initial

(7) Notifications, Driver Selection—(a) Each member having driver(s) specified during the random selection process will be notified through documentation indicating the driver(s) name and the test(s) to be administered. (b) The notification will either be mailed in an envelope marked ‘confidential’ or delivered in person by Consortium Management. (c) There will be a “Y” by the drivers name indicating which test/s are to be administered. All drug and alcohol tests administered under this program must be DOT regulated. (d) It is not mandatory to test at TLC. Do not leave your random selection form with any other collection site. (e) It is your responsibility as the employer to make sure that the **Random Selection Form** is returned to TLC within 30 days of the date of selection.

Initial

(8) Random Methodology System Used—The Consortium uses a developed computer program designed in Microsoft Access 97 software. The random number selection is made by Visual Basic Programming Code from within Microsoft Access 97. The program randomly selects drivers at those testing levels determined by Consortium Management to fulfill the requirements of Part 382.305, Title 49, Code of Federal Regulations.

Initial

(9) Records and Annual Certification—Records relating to the random selection processes will be filed by Consortium Management. Upon request a Consortium member will receive an Annual Consortium Certification indicating the percentage rates for the random testing and positive test rates. All other records shall be maintained by the Consortium member.

Initial

(10) Selection Process—All drivers are listed alphabetically with a computer assigned number and their CDL number. The computer program is designed to randomly select the number of drivers to be tested based on current input data. Any driver or Consortium member may inquire about or review the selection process with a Consortium Management representative.

Initial

(11) Test Results—(a) All Consortium Members are required to report random test(s) results to Consortium Management within 30 days of the date of selection. (b) The time elements imposed are necessary to ensure integrity in the testing and selection processes and so that required data is current and future testing cycle rates are met. (c) TLC will not be able to accept random testing information after the deadline for that testing cycle. (d) Your account will be cancelled for non-testing if you do not respond by the deadline.

Initial

(12) Questions Relating to Consortium Functions—Members may inquire about Random Selection functions by contacting Consortium Management during normal business hours, Monday through Friday.

Initial

(13) Other Services—TLC offers other motor carrier safety compliance/training assistance. These services are separate from the Consortium services. A list of services provided by TLC is included with this Application Packet. TLC Management is available to discuss these services and prices upon request.

Initial

Tina Mitchell, President

TLC Transportation Management/Safety Consultants, Inc.

attachments: Membership Application/Certification/Consortium Guidelines
Consortium Driver List
News Letter Sign-up Form
TLC Services List

*****Each Consortium member must read and sign.**

By signing this form you agree that you understand your responsibilities regarding the Random Testing Reporting process***

GUIDELINES FOR THE RANDOM TESTING PROCESS

- (1) The **DEADLINE** for completing the random testing and submitting the completed random selection form will be 30-days from the selection date.
- (2) TLC **WILL NOT** accept any forms after the deadline.
- (3) Your account will be **CANCELLED** for non-testing if you do not respond by the deadline.
- (4) TLC **WILL NOT** issue any extensions.
- (5) The **'Y'** next to the driver(s) name indicates which test/s the driver/s were selected to take.
- (6) The drug and/or alcohol tests must be **DOT regulated**.
- (7) It is not mandatory that you test at TLC. If you decide to test at another facility, make sure Section A of the Chain of Custody Form is filled out with **your company name and address**. (Tests without your company name are not valid for your company and may be rejected by enforcement personnel and/or a court of law.)
- (8) **Do not leave this form** with any other collection site. It is your responsibility as the employer to make sure that this form is **returned to TLC**.
- (9) You are required to keep test results at your terminal for Federal and/or State inspections, or investigation. Please **do not** send originals or copies of your test results to our office.

FILLING OUT THE RANDOM FORM

- (1) Once you have received your test results, the summary information, at the bottom of the random selection form, must be completed, signed and returned to TLC by mail, fax or in person prior to the deadline.
- (2) If your driver/s are not driving a commercial vehicle within the 30-day random testing cycle, this needs to be documented in the remark section. These drivers need to be accounted for even when not testing.
- (3) If a driver is no longer employed then you must write that in the remark section of the random selection form and include a Consortium Drivers List (add/delete form) to remove the driver from the consortium.
- (4) All random selection forms must be signed by the DER (designated employer representative) of your company.

If you have any questions or problems with testing please call TLC PRIOR to the deadline so that we can assist you.

TLC'S TESTING HOURS: MONDAY-FRIDAY 8AM-12PM & 1PM-4PM

****Office may be closed for holidays or open late due to fog or inclement weather***

DRUG TEST: \$55.00 / ALCOHOL TEST: \$20.00

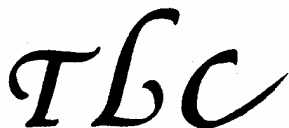
***PAYMENT WILL BE REQUIRED AT THE TIME OF SERVICE FOR PAST DUE ACCOUNTS**

I CERTIFY THAT I AM AN EMPLOYEE OF AND AUTHORIZED TO REPRESENT THE MOTOR CARRIER LISTED ON THE APPLICATION/CERTIFICATION, THAT I HAVE READ, UNDERSTAND, AND AGREE TO ADHERE TO THE RANDOM TESTING PROCESS:

PRINT NAME / TITLE

SIGNATURE

DATE



SAFETY CONSULTANTS, INC.

4709 N. El Capitan ♦ Suite 206 ♦ Fresno, CA 93722 ♦ Office: (559) 276-6207 ♦ Fax: (559) 276-6206

MOTOR CARRIER MANAGEMENT / DRIVER'S NEWSLETTER

TLC Safety Consultants, Inc. invites you, a motor carrier, to join our other satisfied clients in participating in our monthly driver and management information program. This program is designed to provide a monthly driver safety and management information letter relating to motor carrier laws and regulations.

We will provide you with:

1. A monthly driver's letter that can fulfill the requirements of driver safety tailgate meetings under SB 198.
2. A monthly motor carrier management letter discussing items of interest relating to the current and future laws and regulations and other pertinent information.

This program will cost \$37.50 per calendar quarter (3 months). The \$37.50 will be due upon requesting the service, after which you will be billed quarterly.

If you are interested in participating in this program, return this letter with the information requested below and the appropriate fees.

Sincerely,

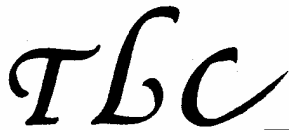
Tina Mitchell
President

.....
COMPANY NAME: _____ ACCT No.: _____

ADDRESS: _____

TELEPHONE NO.: _____ FAX NO.: _____

AUTHORIZED SIGNATURE: _____ TITLE: _____



SAFETY CONSULTANTS, INC.

4709 N. El Capitan ♦ Suite 206 ♦ Fresno, CA 93722 ♦ Office: (559) 276-6207 ♦ Fax: (559) 276-6206

S E R V I C E S

SAFETY PROGRAMS

- ♦ Safety Program Evaluation
- ♦ Safety Program Development
- ♦ Preventative Maintenance Program
- ♦ Company Safety Meetings

REGULATORY COMPLIANCE ASSISTANCE

- ♦ Provide technical assistance answering your questions and providing any necessary or requested training

REASONABLE SUSPICION TRAINING

- ♦ Alcohol misuse and controlled substance use information, training, and referral

DRIVER QUALIFICATION FILES

- ♦ As required by the Federal Motor Carrier Safety Regulations and the California Code of Regulations Motor Carrier Safety

DRIVER LOG AUDITS

- ♦ Logs are audited for hours of service, record of duty status, required information, driver inspections

DRIVER LOG TRAINING CLASS

- ♦ Training regarding the exemptions, maximum driving time, record of duty status, information required on log, retention of driver's record of duty status, driver inspections

B.A.T. TRAINING SEMINAR (2 DAY COURSE)

- ♦ Breath Alcohol Technician Training/Certification

URINE COLLECTION TRAINING (2 DAY COURSE)

- ♦ Urine Collection Technician Training/Certification

HAZARDOUS MATERIAL TRAINING

- ♦ As required by the Federal Motor Carrier Safety Regulations

SUBSTANCE ABUSE / ALCOHOL MISUSE TESTING

- ♦ Substance Abuse Testing (urine collection)
- ♦ Alcohol Misuse Test (breath test)

RANDOM SELECTION CONSORTIUM

- ♦ As required by the Federal Motor Carrier Safety Regulations

NEWS LETTERS

- ♦ Monthly Management and Driver newsletters