

---

## FMCSA Acknowledgement/Receipt Form

I acknowledge, by signing this form, that my full compliance with the Drug and Alcohol Plan (the "Plan") and DOT drug and alcohol regulation requirements is a condition of my initial and continued employment with the Company. I understand and agree that I may be discharged or otherwise disciplined for any drug and/or alcohol violation, committed by me, as cited in the Plan and/or in the DOT drug and alcohol regulatory requirements.

I also acknowledge, by signing this form, that a copy of the Plan has been made available to me and that I have read and understand the requirements of the Company and DOT drug and alcohol program. I have also been provided with informational material on the dangers and problems of drug abuse and alcohol misuse.

Signed, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

---

Employee Name (Please Print)

---

Employee Signature

---

Company Representative Name (Please Print)

---

Company Representative Signature