

COMPANY / TERMINAL & DER DRUG PROGRAM REGISTRATION FORM AND AGREEMENT

This Agreement is entered into between NTA Inc. and the Company below for the purpose of establishing NTA Inc. as the Company's Sole Substance Abuse Program Administrator for a minimum period of one year from the date of acceptance of enrollment by NTA Inc. The company may renew its enrollment for successive renewal terms of one (1) year upon payment of NTA's then prevailing renewal fee. By submitting this form, you agree to accept our billing system accounting for all purchases on this account.

Execution of this registration form constitutes that the Company & DER agrees to comply and follow all substance abuse regulations as mandated by the applicable state and federal regulations and, if it fails or refuses to comply with such regulations, it will indemnify and hold harmless NTA Inc., its officer's, agents, independent contractors, laboratories, collection sites and Medical Review Officer's providing services to the Company under this agreement from and against any liability, cost or expense resulting from such failure or refusal. If the Company and/or DER submits a sample for testing from persons not subject to mandatory testing under said regulations, the Company & DER warrants and agrees to comply with all applicable federal and state laws. The Company is advised to consult its legal counsel prior to putting any policy in place or taking any action against any employee as a result of actions related to the regulations.

The Company guarantees to forward all fees due as described in Programs I & II within **ten (10) days of date of invoice**. THIS FORM MUST BE SIGNED by an authorized representative of the Company and returned with the applicable amount to NTA Inc. before the program can be started. Please keep a copy of this form as proof of Company agreement with NTA Inc. You can expedite their enrollment by returning this application to:

NTA Inc.
California Information Center
2525 Cherry Ave, Suite 368
Signal Hill, CA 90755
Fax to: 800-810-6998

For Office Use Only

NTA ID # _____

PLEASE PRINT

Date: _____

Name of Company: _____

Mailing Address: _____

Physical Address: _____

City/State: _____ Zipcode: _____

Phone: () _____ FAX: () _____

Total number of drivers to be enrolled: _____

US DOT _____ FMSCA MC _____ STATE AUTHORITY # _____

DESIGNATED EMPLOYER REPRESENTATIVE (DER) WHO WILL BE RESPONSIBLE OF DRUG AND ALCOHOL TESTING

The person or persons you designate will be your **DER**, authorized to receive test results and other confidential information. It is important to have an alternative in the event your primary company confidant cannot be reached. The undersigned further personally guarantee that all regulations will be adhered to and to the payment of all invoices.

Name: _____ Alternate's Name: _____

Title: _____ Title: _____

Office Phone: () _____ Office Phone: () _____

PREFERRED METHOD OF RECEIVING DRUG TEST RESULTS

_____ Secured Fax () _____

_____ Phone () _____

_____ Mail