

# INDEPENDENT CONTRACTOR'S

I, \_\_\_\_\_, expressly authorize and request that  
Independent Contractor

\_\_\_\_\_, the drug and alcohol testing to which I am and have been a  
Drug & Alcohol Consortium

participant, and which complies in all respects with DOT regulations (49 CFR Part 40 and Part 382 form  
\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_, release information as required by Federal regulations (49 CFR parts 40  
and 382) PERSONAL AND CONFIDENTIAL to Prime Carrier:

Joyce Vanotti, Safety Department  
Tiger Lines, LLC/LTS Rentals, LLC  
P.O. Box 1120  
Lodi, CA 95241  
(209) 334-4102 ext. 226 (209) 333-0609 FAX

I further understand that information specifically required under Parts 382 and 40 of CFR 49 are:

- Verification of enrollment and participation in Drug and Alcohol testing Program including random testing.
- Immediate notification to Prime Carrier representative of any **POSITIVE** test result.
- Quarterly and Annual Statistical Reports that list the total number of participants in the program, and verification of a minimum testing level of 50% for drugs and 10% for alcohol.
- \* Immediate notification to the Prime Carrier of any notice of intent or actual withdrawal from the Drug and Alcohol testing program administered by

\_\_\_\_\_  
Name of Consortium

I understand that this is a three party agreement necessary for compliance with federal regulations as itemized in CFR 49 Parts 40 and 382, and further, that I will not be eligible to contract with the Prime Carrier until the agreement is signed and consummated.

\_\_\_\_\_  
Independent Contractor Social Security: \_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Prime Carrier Date: \_\_\_\_\_

\_\_\_\_\_  
Consortium Representative Date: \_\_\_\_\_