## CONSORTIUM CERTIFICATION AGREEMENT

According to the U.S. Department of Transportation rules and regulations, our company must implement a drug and alcohol testing program. Included in these regulations are requirements that owner-operators and small motor carriers must join a consortium to handle our testing procedures, and under 382-401 (c) (6) (i), we must have written agreement from the consortium on file. Your company has agreed to act as our consortium. Please execute and return the original of this agreement as soon as possible.

I hereby certify I am knowledgeable of the requirements for conducting urine collection, the duties of the Medical Review Officer, Screening Test Technician, Breath Alcohol Technician, the Substance Abuse Professional, and the use of a DHHS certified laboratory, and all of the requirements of the U.S. Department of Transportation regulations, 49 CFR Part 40.

I further certify that I am familiar with the random selection requirements. I certify that I have on file all documents required by section 382 and I will provide those documents in case of an audit from the U.S. Department of Transportation on one of my clients. I hereby agree to comply with all such regulations governing the procedures in performing drug and alcohol testing from the below listed owner-operator/motor carrier.

I further agree all costs of retesting will be borne by me or my organization acting as the consortium if the retesting was due to error by my organization or me.

| Name of Owner-Operator/Motor Carri  | er:              |  |
|-------------------------------------|------------------|--|
| Mailing Address of Owner-Operator/M | lotor Carrier:   |  |
|                                     |                  |  |
| Phone Number:                       |                  |  |
| Fax Number:                         |                  |  |
| Contact Name:                       |                  |  |
|                                     |                  |  |
| Dee Anna Orebaugh                   |                  | Dee Anna Orebaugh                      |
| Signature of Consortium Official    | Date             | Printed Name of Consortium Official    |
|                                     |                  |  |
| Signature of Consortium Participant | Date             | Printed Name of Consortium Participant |
| Name of Consortium and Address:     | EmergiCare of Ha |  |

Harrisonburg, VA 22801

FAX: 540-432-9997