



# Random Program: Membership Termination

## Membership Period: 2024

This is an official request for termination of Random Drug & Alcohol Consortium membership with TransLab. By completing this form you are acknowledging the following:

1. You are in position to make legal-binding decisions for your company
2. You are willingly choosing to terminate your membership
3. You have been informed about the consequences of not being part of a dot-regulated consortium

Your request for membership termination will **not** be submitted if you do not complete the entire application below. Cancellations made after activation will not be eligible for refunds for the remaining membership period.

## Termination Request Application

COMPANY NAME

DOT #

NAME OF PERSON COMPLETING REQUEST

POSITION IN COMPANY

REQUESTED DATE OF TERMINATION

REASON FOR TERMINATION

## Terms & Conditions

In order to terminate your membership, please check mark the following, indicating your understanding and agreement to the following terms.

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I understand that by DOT 49 Code of Federal Regulations (CFR) Part 40, the Office of Drug & Alcohol Policy & Compliance (ODAPC) ALL trucking companies must enlist CDL drivers in a Random Drug & Alcohol program, either an outside Consortium or self-regulated program.

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I understand that during an inspection, the DOT may request proof of membership for Random Drug & Alcohol Testing along with results for all tests dating up to 5 years back and that lack of compliance results in average fines by the DOT of \$2,730 for non-compliance and \$5,340 for not conducting quarterly annual tests.

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I understand that four (4) times a year, 10% of my drivers need to go for an alcohol test and 50% for drug test if I conduct the random test myself and that I need to use DOT-regulated RANDOM software for the selections.

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I understand that after the "requested date of termination" TransLab will not be responsible for any tests completed while being a member of our consortium. If you need your test results you must request them along with this termination application by calling our company at 224 238 3040.

## Acknowledgment

FULL NAME

SIGNATURE

DATE