

DRUG AND ALCOHOL POLICY STATEMENT

I have read this Drug and Alcohol Policy and I fully understand the terms and conditions used in this policy statement. Any questions that I had concerning this statement have been answered and explained to my satisfaction. I will abide by this Drug and Alcohol Policy.

I hereby acknowledge that I have received the Drug and Alcohol Policy as set forth above.

SSN

Firstname

Lastname

Driver signature

Date

Witness signature

Date