

Verification of Receipt of Drug and Alcohol Policy

I certify that I have received a copy of, and have read the above Transource Logistics, Inc. policy on Alcohol and Drug Testing procedures. I understand that as a condition of employment as a driver, I must comply with these guidelines, and do agree that I will remain medically qualified by following these procedures. If I develop a problem with alcohol or drug abuse during my employment with Transource Logistics, Inc., I will seek assistance through the current alcohol and drug testing program administrator.

Applicant Name: _____

Applicant Signature: _____ Date: _____