

# CENTRAL MEDICAL REVIEW

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AFFIDAVIT OF UNDERSTANDING – DESIGNATED EMPLOYER REPRESENTATIVE

**Si usted no puede leer el ingles lo suficiente para comprender esta informacion y no tiene alguien que le pueda traducir, por favor llame a nuestro numero gratuitamente, 888.878.4374, para asistencia.**

As the Designated Employer Representative (“D.E.R.”) for \_\_\_\_\_ (COMPANY)  
(company name)

I affirm by my signature below that I have read and understood the responsibilities of this position, as described in 49 CFR part 40 and other applicable statutes. By signing, I affirm that I will adhere to the standards specified in these regulations, and guidelines below, in fulfilling this role. I understand the regulations require that I be **employed** by COMPANY and have the power to remove any driver from the road immediately, should drug or alcohol test results make this necessary.

1. If there is only one driver in my company, and that driver is an owner of the company, I will receive a notice, by US Mail only IF and WHEN he/she is to be tested. Upon receipt of such notice, I will NOT inform the driver of a need to test until he/she is prepared to proceed immediately to the collection/testing site, with collection form and kit. The test must be accomplished no more than 72 hours starting midnight following delivery of the notice to test. If there is more than one driver in my company, I will receive a notice each quarter, listing the driver or drivers in COMPANY. Each of those drivers will be designated to
  - a. not take a drug test, OR
  - b. to take a test for drugs, OR
  - c. to take tests for both drugs and alcohol.
2. IF MY ADDRESS CHANGES, IF I DO NOT KNOW HOW TO CONTACT A DRIVER, OR IF MY EMPLOYMENT WITH COMPANY IS TERMINATED, I WILL NOTIFY CMR IN WRITING, IMMEDIATELY.
3. I WILL NOT TELL ANY DRIVER WHETHER OR NOT HE/SHE IS TO BE TESTED, EXCEPT, if a test is to be taken, and I have determined a time that the driver can go to a collection site for testing. At that point will I inform him that he must GO IMMEDIATELY TO THE COLLECTION SITE FOR TESTING.

I WILL DOCUMENT THE TIME AND DATE I INFORMED ANY DRIVER TO GO FOR TESTING. AS THE DRIVER LEAVES FOR THE SITE, I WILL IMMEDIATELY NOTIFY THE COLLECTION SITE **AND CMR** THAT THE DRIVER HAS BEEN SENT FOR TESTING.

4. If I have knowledge that a driver does not IMMEDIATELY go in for testing, or if a driver is known to me to be a user of illicit drugs, I will remove myself from the role of D.E.R. and report such knowledge to CMR and/or legal authorities.
5. If any driver is no longer available for testing, either temporarily or permanently, or cannot be contacted within a short period of time after any request, I will notify CMR immediately.
6. If I change my address or phone number, I will notify CMR immediately.
7. If my company does not have an employee who can act as Designated Employer Representative and/or a Company Contact, my signature acknowledges that I agree to have notice of any tests directly from CMR sent to me by certified mail **at my cost**, and will **immediately** report for testing upon receipt of certified mailing.

I HAVE READ, AND I UNDERSTAND, THE ABOVE RESPONSIBILITIES. I AGREE TO ADHERE TO THESE CONDITIONS AS I FULFILL THE ROLE OF Designated Employer Representative IN A DRUGS TESTING PROGRAM OF COMMERCIAL DRIVER(S) for this Employer.

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

Date signed: \_\_\_\_\_

Position/title with Company: \_\_\_\_\_