



DOT/NonDOT ANNUAL Random Program Pricing Quote

Average Number of Employees	Price
1	\$114
2	\$153
3	\$192
4	\$231
5	\$270
6	\$309
7	\$348
8	\$387
9	\$426
10	\$465
11	\$504
12	\$543
13	\$582
14	\$621
15	\$660
16	\$699

Over 16 employees, call to discuss pricing.

$$\begin{aligned} &\text{Equation to determine price is} \\ &.50 \times \text{number of employees} \times \$65 \\ &+ \\ &.10 \times \text{number of employees} \times \$65 \\ &+ \\ &\$75 \text{ fee} \\ &= \\ &\text{Total ANNUAL fee due} \end{aligned}$$

I acknowledge that all **DOT/NonDOT drug and alcohol tests that are NOT random (i.e. Pre-Employment, Post Accident)** are a separate **\$65.00** fee. I acknowledge that all **DOT Physicals** are a separate **\$65.00** fee.

Signature: _____ Date: _____