

# Master Services Agreement

This Master Services Agreement (“Agreement”) is entered into between Drugtest, Inc. dba DISA, Inc. (“DISA”), a Delaware corporation, located at 12600 Northborough Dr., Suite 300, Houston, Texas 77067, and

Company:		Tax ID#:	ISN ID#:
Located at:			
City:	State:	Zip:	
Phone:		Fax:	
Contact:		Email:	

(hereafter known as “Company”).

**DISA agrees to provide services to Company, under the general terms and conditions expressed in Addendum A, which is incorporated herein and made a part hereof. Company may select additional services by checking the box(es) below. DISA agrees to provide these additional services, pursuant to the terms and conditions of this Agreement. These services are expressly outlined on the attached addendum or addenda relating to such services. Any addendum checked below is incorporated into this Agreement as if written herein.**

**Addendum B (Substance Abuse Program Management Services)**

**Addendum C (Background Screening Services)**

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**AGREED:**

**AGREED:**

<b>Company Name:</b>
Signed By:
Printed Name:
Title:
Date:

<b>DISA, Inc.</b>
Signed By:
Printed Name:
Title:
Date:

**ADDENDUM A**  
**TO MASTER SERVICES AGREEMENT:**  
**GENERAL TERMS AND CONDITIONS**

1. **Program Term** – The term of this Agreement shall be for a period of twelve (12) months commencing on the date the Agreement has been signed by Company and by DISA. This Agreement will automatically renew after its initial term for additional one-year terms, unless either party terminates the Agreement in writing thirty (30) days prior to the Agreement’s anniversary date.
2. **Program Services** - DISA agrees to provide to Company the services specified in the Registration Form attached hereto in accordance with these general terms and conditions, and the terms of the attached addendum or addenda relating to the specific services requested by Company (“Services”).
3. **Coordination of Activities** – DISA will coordinate Services through individuals designated by Company as the “Communicator”, “Backup Communicator” or Designated Employer Representative (“DER”). Company shall notify DISA in writing of any subsequent designations, or changes to the designations, for Communicator, Backup Communicator, or DER within five (5) days of such change.
4. **INDEMNIFICATION** – DISA IS AN INDEPENDENT CONTRACTOR HIRED BY COMPANY SOLELY TO ADMINISTER COMPANY’S SUBSTANCE ABUSE PREVENTION PROGRAM AND/OR BACKGROUND CHECKS AS REQUESTED BY COMPANY. COMPANY AGREES TO INDEMNIFY, HOLD HARMLESS, AND DEFEND DISA, ITS OFFICERS, DIRECTORS, AFFILIATES, AGENTS, AND EMPLOYEES (“DISA INDEMNIFIED PARTIES”) FROM, AND PAY ANY AND ALL DAMAGES DIRECTLY OR INDIRECTLY RESULTING FROM, RELATING TO, ARISING OUT OF OR ATTRIBUTABLE TO, ANY ACTION OR OMISSION ON THE PART OF COMPANY, ITS AGENTS, EMPLOYEES, AND/OR POTENTIAL EMPLOYEES. DISA AGREES TO INDEMNIFY, HOLD HARMLESS AND DEFEND COMPANY, ITS OFFICERS, DIRECTORS, AFFILIATES, AGENTS AND EMPLOYEES (“COMPANY INDEMNIFIED PARTIES”) FROM, AND PAY ANY AND ALL DAMAGES, DIRECTLY OR INDIRECTLY RESULTING FROM, RELATING TO, ARISING OUT OF, OR ATTRIBUTABLE TO, ANY ACTION OR OMISSION ON THE PART OF DISA, ITS AGENTS AND/OR EMPLOYEES. “DAMAGES” MEANS ALL DAMAGES (INCLUDING INCIDENTAL AND CONSEQUENTIAL DAMAGES), LOSSES, LIABILITIES, PAYMENTS, AMOUNTS PAID IN SETTLEMENT, OBLIGATIONS, FINES, INTERESTS, ASSESSMENTS, PENALTIES, COSTS (INCLUDING REASONABLE FEES AND EXPENSES OF OUTSIDE ATTORNEYS, ACCOUNTANTS, OTHER PROFESSIONAL ADVISORS AND EXPERT WITNESSES, AND INTERNAL COSTS) OF INVESTIGATION, PREPARATION, AND LITIGATION IN CONNECTION WITH ANY ACTION OR THREATENED ACTION, AND OTHER COSTS AND EXPENSES OF ANY KIND OR NATURE WHATSOEVER, WHETHER KNOWN OR UNKNOWN, CONTINGENT OR VESTED, MATURED OR UNMATURED, AND WHETHER OR NOT RESULTING FROM THIRD-PARTY CLAIMS. DISA AND COMPANY SHALL USE REASONABLE EFFORTS TO MITIGATE ANY POTENTIAL DAMAGES OR OTHER ADVERSE CONSEQUENCES ARISING FROM OR RELATING TO THE SERVICES.
5. **Pricing & Payment Schedule** - All fees due and payable under this Agreement in connection with Services provided by DISA to Company shall be paid to DISA by Company as billed and within thirty (30) days of receipt by Company of an invoice from DISA. All late payments shall be subject to an additional interest and service charge calculated at the rate of one and one-half percent (1.5%) per month from the date payment is due until the date of payment. If no comment or inquiry relating to an invoice is received by DISA within thirty (30) days of the billing date, DISA shall assume that Company has received the invoice and finds the invoice acceptable. DISA reserves the right to adjust pricing for Services after providing thirty (30) days written notice of price adjustment.
6. **Termination of Agreement** -This Agreement may be terminated by either party at any time, without penalty, with thirty (30) days written notice to the other party of such termination. If Company desires to terminate this Agreement, Company agrees that it will pay DISA for all Services that have been provided to Company prior to the effective date of termination of this Agreement.
7. **Intellectual Property** - The Parties acknowledge that trademarks, trade names, service marks, copyrights, programs, software (including but not limited to source code and scripts), techniques, enhancements, documentation, business models, pictures, audio, multi-media materials, manuals, ideas or formulas provided or utilized by DISA, or developed by DISA, or its providers (“Intellectual Property Rights”) shall remain the sole and exclusive property of DISA or its providers. Nothing in this Agreement grants to Company the right to use or display the Intellectual Property Rights without DISA’s prior written consent to each such instance. This provision survives the agreement for a period of eighteen (18) months.
8. **Miscellaneous** –
  - a. This Agreement will be construed under the laws of the State of Texas except where preempted by federal law.
  - b. Each party agrees to comply with all applicable state and local laws, and agrees to use reasonable efforts to inform the other party of any state or local laws that could affect that party’s performance under this Agreement.

- c. DISA shall not be liable to Company for failure or delay in performance that results from, or is due to, directly or indirectly, and in whole or part, any cause or circumstances beyond the reasonable control of DISA.
- d. This Agreement, including, without limitation, the indemnification provisions, shall inure to and bind the permitted successors and assigns of the parties. Neither Company nor DISA shall assign or transfer this Agreement without the prior written approval of either party.
- e. Nothing herein shall be construed as limiting DISA's rights to subcontract or outsource Services.
- f. In the event any portion of this Agreement shall be determined to be invalid or unenforceable, that portion will be null and void, and the remainder of this Agreement will continue to be valid and enforceable to the extent permitted by applicable law. No term or provision shall be deemed waived and no breach excused, unless such waiver or consent is in writing and signed by the party claimed to have waived or consented. No consent by any party to, or waiver of, a breach by the other party shall constitute consent to, waiver of, or excuse of any other different or subsequent breach.
- g. This Agreement constitutes the entire agreement between the parties and it supersedes all other agreements and representations, oral or written, express or implied. No modification or amendment of this Agreement shall be enforceable, unless in writing and executed by the parties.
- h. Notwithstanding any other provisions in this Agreement, the obligations, rights and remedies for all indemnity, limitation of liability, and confidentiality obligations set forth in this Agreement shall survive the termination or expiration of this Agreement.
- i. This Agreement has been freely and fairly negotiated among the parties. If an ambiguity or question of intent or interpretation arises, this Agreement will be construed as if drafted jointly by both parties, and no presumption or burden of proof will arise favoring or disfavoring any party because of the authorship of any provision of this Agreement.
- j. The parties understand that this Agreement is for the sole benefit of DISA and Company, and no third-party shall be deemed a "third-party beneficiary" of this Agreement.

**ADDENDUM B**  
**TO MASTER SERVICES AGREEMENT:**  
**SUBSTANCE ABUSE PROGRAM MANAGEMENT SERVICES**

DISA is an independent contractor that, pursuant to this Addendum B, will administer Company's drug and alcohol screening programs ("Screening"). Screening will be administered for Company in accordance with, but not limited to, the following:

1. DISA will perform Screening for Company in compliance with applicable federal and/or state law and, to the extent possible under applicable law, in compliance with Company's drug and alcohol screening program requirements.
2. DISA can arrange for the following employee drug and/or alcohol testing: Pre-employment; Reasonable Suspicion; Random; Post-Accident; Return to Duty; Follow up; Owner Mandated.
3. Company is responsible for providing any and all information that DISA determines necessary to perform Screening, including but not limited to a complete list of Company locations and whether Company is subject to federal testing laws. Company is solely responsible for the accuracy and completeness of the information provided to DISA.
4. Company agrees to abide by all applicable federal, state and local laws and regulations, including but not limited to, confidentiality and reporting requirements.
5. Company agrees to make all determinations as to whether subject individuals should be tested on a "for reasonable cause" or "post-accident" basis, and Company shall indemnify and defend DISA and its employees and agents against any and all claims, proceedings, or damages arising out of such determination.
6. DISA will provide Company with a list of approved specimen collection centers for collection of biological specimens. DISA will advise Company of any changes to the list of approved collection centers within forty-eight (48) hours.
7. DISA will utilize laboratories certified by the Department of Health and Human Services ("DHHS") for the testing of biological specimens when required by Mandated Federal Testing Programs. Testing not mandated by federal regulations will be performed by laboratories certified by DHHS and/or the College of American Pathologists, or that operate pursuant to generally accepted technologies for substance abuse screening.
8. DISA will provide reports of positive and questionable negative drug test results performed to authorized Medical Review Officers (MRO) contracted or employed by DISA.
9. DISA will maintain Company and Employee drug and/or alcohol records as required by law.
10. DISA will maintain information regarding the status of Screening in DISA's online system and will make such information available to Company in accordance with all applicable laws and regulations. Except where prohibited by law, DISA may refuse to make available information relating to Screening until such time as DISA has received payment in full for any outstanding obligations by Company.
11. If this Agreement is terminated for any reason, Company assumes full responsibility for administration of its corporate and/or federally mandated drug and alcohol testing programs, including but not limited to: (i) reporting, (ii) records maintenance; and (iii) ensuring confidentiality and security of any confidential information. DISA will provide Company with any information necessary for this transfer of responsibility. Except where prohibited by law, DISA may refuse to transfer information relating to Screening, until such time as DISA has received payment in full for any outstanding obligations by Company.
12. Company shall use any information derived from the Screening ("Information") in accordance with applicable law and for the sole purpose of evaluating a current or prospective employee's ("Employee") employment, promotion, reassignment or retention. Company shall treat any Information concerning Employee as proprietary and confidential, and shall not disclose the Information to any other individual, entity or third-party, except as required by applicable law or in accordance with a court order.
13. This Addendum and any amendment hereto shall be deemed to incorporate, and be subject to, all of the terms and conditions of the Master Services Agreement.
14. The pricing for Screening is listed in the attached DISA Registration Form.

IN WITNESS WHEREOF, the parties have executed this Addendum to be effective as of the date set forth below.

<b>Company Name:</b>
Signed By:
Printed Name:
Title:
Date:

<b>DISA, Inc.</b>
Signed By:
Printed Name:
Title:
Date:

**ADDENDUM C**  
**TO MASTER SERVICES AGREEMENT:**  
**BACKGROUND SCREENING SERVICES**

1. As part of Services, as defined in the Agreement, DISA will provide background checks or other such services pertaining to applicants for employment and/or employees for Company. Company is responsible for providing any and all information that DISA determines necessary to perform such Services (including, but not limited to, consent and releases required by law), and Company is solely responsible for the accuracy and completeness of the information provided by Company to DISA.
  
2. In connection with the Services provided by DISA to Company, Company certifies to DISA as follows:
  - a. That Company intends to use any information derived from the background checks performed or administered by DISA (“Background Screening Information”) in accordance with applicable law and for the sole purpose of evaluating a current or prospective employee’s (“Employee”) employment, promotion, reassignment, or retention as an employee;
  - b. That Company will not use Background Screening Information in violation of any applicable federal or state equal employment opportunity law or regulation;
  - c. That Company will comply with the disclosure requirements of Section 604(b)(2) of the Fair Credit Reporting Act, prior to requesting from DISA Background Screening Information on an Employee;
  - d. That Company will comply with Section 604(b)(3) of the Fair Credit Reporting Act prior to denying employment to Employee, or making any other decision for employment purposes that adversely affects Employee, based in part or in whole on Background Screening Information pertaining to Employee provided to Company by DISA;
  - e. That, in the event Company requests Background Screening Information from DISA that contains information derived from personal interviews of individuals with knowledge of Employee or who have knowledge of information provided by Employee, Company has made the disclosures required by Section 606(a) of the Fair Credit Reporting Act prior to requesting the Background Screening Information on Employee, and will make the disclosures required by Section 606(b) if Company receives a timely, written request by Employee;
  - f. That Company has reviewed the Summary of Consumer Rights under the Fair Credit Reporting Act and the Notice to Users of Consumer Reports set forth at the website \_\_\_\_\_ or as otherwise provided by DISA; and
  - g. That Company shall treat any Background Screening Information concerning an Employee as proprietary and confidential, and shall not disclose, sublicense, sell, redistribute, or otherwise make available, Background Screening Information to any other individual, entity or third-party, except as required by applicable law or a court of law.
  
3. This Addendum and any amendments hereto shall be deemed to incorporate, and shall be subject to, all of the terms and conditions of the Master Services Agreement.
  
4. The pricing for background checks and other services pertaining to applicants for employment or employees is set forth in the attached DISA Registration Form.

IN WITNESS WHEREOF, the parties have executed this Addendum to be effective as of the date set forth below.

<b>Company Name:</b>
Signed By:
Printed Name:
Title:
Date:

<b>DISA, Inc.</b>
Signed By:
Printed Name:
Title:
Date:

**ADDENDUM D  
TO MASTER SERVICES AGREEMENT  
OCCUPATIONAL HEALTH & WELLNESS SERVICES**

1. As part of Services, as defined in the Agreement, DISA will provide employee occupational health and wellness services. Company is responsible for providing any and all information that DISA determines necessary to perform such Services (including, but not limited to, consent and releases required by law), and Company is solely responsible for the accuracy and completeness of the information provided by Company to DISA.
2. In connection with the Services provided by DISA to Company, Company certifies to DISA as follows:
  - a. That Company intends to use any information derived from the occupational health and wellness services performed or administered by DISA (“Occupational Health Information”) in accordance with applicable law and for the sole purpose of evaluating a current or prospective employee’s (“Employee”) employment, promotion, reassignment, or retention as an employee;
  - b. That Company will not use Occupational Health Information in violation of any applicable federal or state equal employment opportunity law or regulation;
  - c. That Company shall treat any Occupational Health Information concerning an Employee as proprietary and confidential, and shall not disclose, sublicense, sell, redistribute, or otherwise make available, Occupational Health Information to any other individual, entity or third-party, except as required by applicable law or a court of law.
3. This Addendum and any amendments hereto shall be deemed to incorporate, and shall be subject to, all of the terms and conditions of the Master Services Agreement.
4. The pricing for occupational health and wellness services pertaining to applicants for employment or employees is set forth in the attached DISA Registration Form.

IN WITNESS WHEREOF, the parties have executed this Addendum to be effective as of the date set forth below.

<b>Company Name:</b>
Signed By:
Printed Name:
Title:
Date:

<b>DISA, Inc.</b>
Signed By:
Printed Name:
Title:
Date:

# DISA, Inc. Drug & Alcohol Testing Registration

**OFFICE USE ONLY:** Rep Name: \_\_\_\_\_

**CLIENT COMPANY INFORMATION**

Company Name:		Client ID: (If existing client)
Phone:	Fax:	
A/P Contact:	Phone:	

**CLICK HERE FOR EMERGENCY ACCOUNT SETUP - \$100.00**

Physical Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Billing Address:	City:	State:	Zip:

**PROGRAM /POLICY INFORMATION:** Select the appropriate policy or policies from the following three options by checking the box next to the policy name. For each policy selected, provide all requested information and check all services that apply.

**PROGRAM/POLICY OPTION #1**

<input type="radio"/> DCC POLICY	Consortium:	<input type="radio"/> DCCCHA (NASAP)	<input type="radio"/> EPCC	<input type="radio"/> EPCC w/Alcohol	No. of Employees:
<input type="radio"/> DCC HAIR	Consortium:	<input type="radio"/> DCCHT	<input type="radio"/> DCCHT w/Randoms		No. of Employees:

**PROGRAM/POLICY OPTION #2**

<input type="radio"/> DOT	Compliant transfer roster?	<input type="radio"/> Yes	<input type="radio"/> No	No. of Employees:
Governing Agencies (Check All That Apply) <input type="checkbox"/> FAA <input type="checkbox"/> FMCSA <input type="checkbox"/> FRA <input type="checkbox"/> FTA <input type="checkbox"/> PHMSA <input type="checkbox"/> USCG <input type="checkbox"/> Other _____				
Random Program - DRUG	Rate: (If above required rate)	<input type="radio"/> Quarterly	<input type="radio"/> Monthly	Start Date:
Random Program - ALCOHOL (Breath)	Rate: (If above required rate)			

**PROGRAM/POLICY OPTION #3**

<input type="radio"/> COMPANY POLICY	No. of Employees:			
<input type="radio"/> Drug Test 10 Panel w/20 ng THC Cutoff	<input type="radio"/> Drug Test 5 Panel (DOT Look-A-Like)	<input type="radio"/> Hair	<input type="radio"/> Other	
Random Program - DRUG	Rate:	<input type="radio"/> Quarterly	<input type="radio"/> Monthly	Start Date:
Random Program - ALCOHOL (Breath)	Rate:			
Alcohol Testing (Check All That Apply) <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Random <input type="checkbox"/> Post-Accident <input type="checkbox"/> Reasonable Suspicion <input type="checkbox"/> Other				

**COLLECTION SERVICES: Please check ONE option**

<input type="radio"/> Client Receives Consolidated Billing Including Collection Site Fees	<input type="radio"/> Client Pays Collection Sites Directly	<input type="radio"/> Client Performs Own Collections Call DISA for Site Code _____
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**DOT AUDITING AGENCY (Please check one)**

NCMS  Veriforce  CSI  First Advantage

**SPECIFIC COLLECTION SITES TO BE USED**

Site Name	Zip	Site Name	Zip

**NOTES/SPECIAL INSTRUCTION (Please list owners, refineries/locations currently working for.)**

Authorized Signature:	Title:
Printed Name:	Date:

# DISA, Inc. Drug & Alcohol Testing Fee Schedule

**OFFICE USE ONLY:** Rep Name: \_\_\_\_\_

Select the desired type of drug test and the appropriate program/policy(ies) below. Associated pricing is listed under each.

SERVICE	PROGRAM POLICY <i>Check Any That Apply</i>		
	<input type="checkbox"/> DCC	<input type="checkbox"/> DOT	<input type="checkbox"/> CORPORATE
<input type="checkbox"/> <b>DRUG TEST - URINE SPECIMEN</b> Includes the following services: <ul style="list-style-type: none"> <li>- Collection Site Selection &amp; Administration</li> <li>- Chain of Custody (COC) Processing</li> <li>- Necessary Collection Supplies</li> <li>- Specimen Transportation</li> <li>- Specimen Analysis</li> <li>- DHHS/CAP Dual Certified Laboratory GC/MS Confirmations</li> <li>- Medical Review of Test Results (MRO)</li> <li>- Storage &amp; Documentation of Positive Specimens</li> <li>- Automated Test Reporting "Negative/Reject" Reporting</li> <li>- Random Pool Management</li> <li>- Annual Statistical Report</li> <li>- Employee Status Reporting - Applies to DCC Only</li> </ul>			
<b>URINE SPECIMEN COLLECTION</b>	Pass Through	Pass Through	Pass Through
<input type="checkbox"/> <b>DRUG TEST - HAIR SPECIMEN</b> Includes the following services: <ul style="list-style-type: none"> <li>- Collection Site Selection &amp; Administration</li> <li>- Chain of Custody (COC) Processing</li> <li>- Necessary Collection Supplies</li> <li>- Specimen Transportation</li> <li>- Specimen Analysis</li> <li>- Medical Review of Test Results (MRO)</li> <li>- Storage &amp; Documentation of Positive Specimens</li> <li>- Automated Test Reporting "Negative/Reject" Reporting</li> <li>- Random Pool Management</li> <li>- Annual Statistical Report</li> <li>- Employee Status Reporting - Applies to DCC Only</li> </ul>		N/A	
<b>HAIR SPECIMEN COLLECTION</b> <small>Note: \$3.75 Fee Noted in Next Column is Psychomedics' (Laboratory Provider) Collection Site Handling fee</small>	Pass Through plus <b>\$3.75 Handling Fee</b>	N/A	Pass Through
<b>MISCELLANEOUS FEES</b>			
DISA Alcohol Fee			
Breath Alcohol Collection	Pass Through	Pass Through	Pass Through
Employee Member Setup Fee (Per Person) - Initial, One-Time		N/A	N/A
Employee Member Setup & Maintenance Fee - Applies to DCC Only			
<b>ADDITIONAL FEES</b>			
Annual Maintenance Fee (Applies to All Program/Policy Types)	\$250 First Policy	\$150 ea. Additional Policy(ies)	\$150 ea. Additional Policy(ies)

Company Name	Authorized Signature:	
Title:	Printed Name:	Date:

# DISA, Inc. Background Screening Registration

**OFFICE USE ONLY:** Rep Name: \_\_\_\_\_

**CLIENT COMPANY INFORMATION**

Company Name:	Client ID:	No. of Employees:	
Physical Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Billing Address:	City:	State:	Zip:

**PRODUCTS & PRICING:** Please select any of the following background screening products your company will order as part of your background screening program with DISA. Pricing is listed to the right of each product.

PRODUCT NAME	PRICE	PRODUCT NAME	PRICE
<input type="checkbox"/> SSN Validity Check		<input type="checkbox"/> Employment Verification ***	
<input type="checkbox"/> E-Verify - I-9 Validity		<input type="checkbox"/> Personal Reference Verification	
<input type="checkbox"/> SafetyNet™ Criminal Jurisdiction Search		<input type="checkbox"/> Credit Report - TransUnion	
<input type="checkbox"/> Instant SSN & Address Trace		<input type="checkbox"/> Civil Court Records - County	
<input type="checkbox"/> State Driving Record (MVR)*		<input type="checkbox"/> Civil Court Records - Federal	
<input type="checkbox"/> Patriot Act Search		<input type="checkbox"/> VISA Verification	
<input type="checkbox"/> Criminal History - County 7-Year**		<input type="checkbox"/> FAA License Verification	
<input type="checkbox"/> Criminal History - State 7-Year		<input type="checkbox"/> DOT FMCSA Safety Performance History	
<input type="checkbox"/> Criminal History - Federal Felony 7-Year		<input type="checkbox"/> DOT Testing History (per previous employer)	
<input type="checkbox"/> Criminal History - County 10-Year**		<input type="checkbox"/> DOT Previous Employer Check (FMCSA & DOT Test)	
<input type="checkbox"/> Criminal History - State 10-Year		<input type="checkbox"/> Workers Comp History	
<input type="checkbox"/> Criminal History - Federal Felony 10-Year		<input type="checkbox"/> U.S. Sex Offender Registry	
<input type="checkbox"/> Wants & Warrants Search		<input type="checkbox"/> Grading & Evaluation (Non-Consortium)	
<input type="checkbox"/> Educational Verification ***		<input type="checkbox"/> Fax Ordering	

*\*Plus Any State Driving Record Fees - \*\* Plus Applicable Court Fees - \*\*\* Plus Applicable Fees*

**EXISTING ACCOUNT COMMUNICATORS:** If your company has an existing account with DISA and is adding background screening to your account services, please complete this section (if needed). In the spaces provided below, list all existing Communicators/DER's who will require access to your company's background screening program information. To add a new Communicator/DER, email us at: clientupdates@disa.com or call 281-673-2400 Option 1.

1.	3.
2.	4.

**REQUIRED PACKAGES:** If your company needs to order background screening packages due to specific owner, facility, safety council, or client requirements, please list them in the spaces provided below.

1.	3.
2.	4.

**NOTES/SPECIAL INSTRUCTION**

Authorized Signature:	Title:
Printed Name:	Date:

# DISA, Inc. Online Training Registration

**OFFICE USE ONLY:** Rep Name: \_\_\_\_\_

## CLIENT COMPANY INFORMATION

Company Name:		Client ID:	
Phone:	Fax:		
Physical Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Billing Address:	City:	State:	Zip:

**COURSES & PRICING:** For a full list of online safety courses and pricing, please request a course catalog from sales@disa.com. This catalog is available online at [www.disa.com](http://www.disa.com) as well as in hardcopy and electronic versions.

**EXISTING ACCOUNT COMMUNICATORS:** If your company has an existing account with DISA and is adding training to your account services, please complete this section (if needed). NOTE: Only authorized Communicator/DERs are authorized to enroll employees and receive certificates for online training.

- In the spaces provided below, list all existing Communicators/DERs who will require access to your online training program information
- To add a new Communicator/DER, email us at [clientupdates@disa.com](mailto:clientupdates@disa.com) or call 281-673-2400, Option 1.

1.	3.
2.	4.

## NOTES/SPECIAL INSTRUCTION

Authorized Signature:	Title:
Printed Name:	Date:

# DISA, Inc. Communicator/DER Authorization

**INSTRUCTIONS:** A Communicator/DER is the employee (or employees) from your company responsible for the administration of your company's account with DISA. DISA requires at least one Primary Communicator (two is recommended) and one Backup Communicator. A Primary Communicator/DER Authorization Form must be completed for each Primary Communicator/DER. For multiple Primary Communicator/DER's, please make copies of this form.

Note: Both Primary and Backup Communicator/DER's can access your company's account with DISA through our online system, DISA-Works®. However, Primary Communicator/DER's receive automatic transmissions, whereas Backup Communicator/DER's do not. You may have more than one of each type of Communicator/DER.

## PRIMARY COMMUNICATOR/DER INFORMATION

Company/Client Name:		Client ID (If applicable):
Communicator/DER Name (First, MI, Last):		
Phone:	Fax:	Email:
Physical Address:		
City:	State:	Zip:
Mailing Address (IF DIFFERENT FROM ABOVE):		
City:	State:	Zip:

## PROGRAM COMMUNICATIONS - Please select the type(s) of program communications this Communicator/DER is to receive.

- |   |   |   |                                    |
|---|---|---|------------------------------------|
| <input type="radio"/> Email Reports                         | <input type="radio"/> Online Reports Only | <input type="radio"/> Background Screens  | <input type="radio"/> Test Results |
| <input type="radio"/> Training (Certificates & Enrollments) | <input type="radio"/> Invoices            | <input type="radio"/> Statistical Reports |                                    |
| <input type="radio"/> Occupational Health Results           | <input type="radio"/> Random Lists        |   |                                    |

**INVOICES:** Please select the preferred method for receiving invoices from the following options. For security purposes, email is strongly encouraged. **Note: If no receiving method is selected, invoices will be sent by email, depending on contact information provided above.** If you have specific instructions regarding access, list them in Notes/Special Instruction section below.

- Email  Fax

**RECEIVING METHOD(S)** - In the spaces below, select the receiving method or methods for all communications. Note: Primary Communicator/DER's automatically receive communications through our online system, DISAWorks.

- Email  Fax Immediate (secured fax)

**DISAWORKS ACCESS:** To access account through DISAWorks, Communicator/DER must answer the following security questions.

Questions	Answers
What are the last 4 digits of your Social Security Number?	
In what month were you born?	
On what numeric day of the month were you born?	

## NOTES/SPECIAL INSTRUCTION

# DISA, Inc. Credit Card Authorization

- If you would like to have the fees for initial account registration applied to a credit card, please provide your credit card information in the spaces below. This is a one-time charge.
- If you would like to establish a credit card account with DISA, please see form entitled "Credit Card Auto-Pay Setup Form." Otherwise, you will be billed bi-monthly for all account activity subsequent to initial account registration fees.

**Note: This service is NOT applicable to Background Screening and Online Training Services.**

## CLIENT COMPANY INFORMATION

Company Name:		Client ID (If applicable):	
Phone:		Fax:	
Credit Card Type (Check One):	<input type="radio"/> MC	<input type="radio"/> VISA	<input type="radio"/> AMEX <input type="radio"/> Discover
Credit Card No.			
Name on Card:		CVV# (Last 3 or 4 Digits on Back):	
Expiration Date:		Credit Card Billing Zip Code:	

**PAYMENT FOR FOLLOWING SERVICES(S):** Please select the service or services you wish to have charged to your credit card.

- |  |  |   |
|--|--|---|
| <input type="radio"/> Annual Enrollment Fee - \$250.00 | <input type="radio"/> Emergency Account Setup Fee - \$100.00 | <input type="radio"/> Additional Policy(s) - \$150 each<br>No. of Additional Policies _____ |
|--|--|---|

**Total Payment:** \$

**AUTHORIZATION:** I hereby authorize DISA, Inc. to charge the amount indicated above to the above-referenced credit card.

Authorized Signature:	Title:
Printed Name:	Date:

# DISA, Inc. Credit Card Auto-Pay Setup

- If you would like to establish a credit card account with DISA, please provide your company's credit card information below. Otherwise, your company will be billed bi-monthly for all account activity subsequent to initial account registration fees.
- To cancel this agreement, please fax a letter on your company's letterhead to 713-972-3470 or email billing@disa.com. This letter must be signed by an authorized company representative.

**Note: This service is NOT applicable to Background Screening and Online Training Services.**

## CLIENT COMPANY INFORMATION

Company Name:		Client ID (If applicable):	
Phone:		Fax # or email (If receipt requested):	
Credit Card Type (Check One):	<input type="radio"/> MC	<input type="radio"/> VISA	<input type="radio"/> AMEX <input type="radio"/> Discover
Credit Card No.			
Name on Card:		CVV# (Last 3 or 4 Digits on Back):	
Expiration Date:		Credit Card Billing Zip Code:	

**AUTHORIZATION:** I, on behalf of the aforementioned company, hereby authorize DISA, Inc. to charge the above-referenced credit card for services performed by DISA, Inc. as they are invoiced. DISA, Inc. will provide me with copies of all invoices, as well as documentation that my credit card has been charged.

Authorized Signature:	Title:
Printed Name:	Date: