

ACKNOWLEDGEMENT OF NOTICE OF
Sullivan Transportation, Inc .
DRUG ABUSE POLICY AND PROCEDURES
AND
CONSENT TO DRUG TESTING

I, _____, acknowledge receiving written notice of the existence of the Sullivan Transportation, Inc. Drug Abuse Policy (the "Policy").

As a condition of employment with Sullivan Transportation, Inc., all Driver Applicants must submit to a pre-employment controlled substances test as required by the FMCSR Section 382.301. A motor carrier must receive verified negative test results for the applicant to be eligible for employment. I understand and agree that I must not use, buy, sell, accept as a gift, experiment with, traffic in or otherwise be involved with illicit or inappropriate drugs when it could affect the safe performance of my job. I understand that the Policy does not apply to medication properly taken as prescribed by a licensed physician, except as provided by the Policy.

I further understand and agree that, if I become an employee of the Company, I may be required to submit to urinalysis for the detection of prohibited substance, and a saliva or breath alcohol test for alcohol use (herein referred to as "testing") for the detection of prohibited substances based upon suspicion 382.307, following a reportable accident or an on-the-job accident 382.303, when returning from a leave of absence 382.309, and on a random basis 382.305.

I further understand and agree if I become an employee of the Company, and in the event that any test result is Positive, I will have an opportunity to discuss with the Company's Medical Review Officer my medical history and/or any other relevant biomedical factors to enable the MRO to determine whether there is an alternate medical explanation for a positive result. In order to aid the MRO in his/her investigation, I hereby authorize any hospital, physician, dentist or pharmacist to release to the MRO all medial records and to freely discuss with the MRO all maters concerning drugs prescribed to me or treatments performed on me which may be connected to a positive test result.

I further understand that refusal to submit to testing when requested to do so by a supervisor or manager, will be considered a positive result, and will result in discipline up to and including termination.

I understand and agree that if I become an employee of Sullivan Transportation, Inc and in the event that any test result is confirmed positive (controlled substance(s) and/or alcohol test), I will be immediately removed from a safety-sensitive position as required by Part 382 of the FMCSR and will result in disciplinary action up to and including termination.

My signature below indicates my understanding of this Policy and what is expected of me, my consent to be tested and my authorization to release to any collection site personnel, Medical Review Officer or Company representative, the information necessary to comply with this Policy.

DATE _____ SIGNATURE _____