

## Certification of Compliance with Fitness for Duty Standards

Please list the following information:

The name(s) and telephone number(s) of Contractor’s official(s) responsible for compliance with and implementation of the fitness for duty standards.

Name:		Telephone Number:	
Name:		Telephone Number:	

The name(s) and address(es) of the laboratory(s) that analyze specimens for drug and alcohol testing.

Name:		Telephone Number:	
Name:		Telephone Number:	

The name, telephone number and address of the medical review office responsible for verifying positive test results.

Name:		Telephone Number:	
Address:			

[www.cmcenergy.com](http://www.cmcenergy.com)

Office: 215-540-5800  
550 Pinetown Road  
Suite 340  
Fort Washington, PA 19034

Office: 203-294-9677  
4 Tower Drive  
Wallingford, CT 06492

Office: 877-700-2620  
8700 West Bryn Mawr Ave.  
Suite 800N  
Chicago, IL 60631

Office: 508-309-4133  
112 Turnpike Road  
Suite 302  
Westborough, MA 01581

Office: 609-235-9752  
8 Commerce Way  
Suite 135  
Hamilton, NJ 08691

### Fitness for Duty Certification

I hereby certify that I have read and understand the fitness for duty standards in the Agreement as they apply to employees assigned to the Work under the Agreement.

I certify that Contractor has implemented policies and programs to comply with these standards.

I certify that Contractor will actively promote all such policies and actively enforce all such programs required to ensure compliance with these standards.

I understand that any failure to enforce these standards is a material breach of the Agreement and could result in the termination of the Agreement and all Project Orders and Work Orders thereunder.

Contractor Name:	
Contractor's Authorized Representative – Signature:	
Contractor's Authorized Representative – Print:	
Title:	
Date:	

## Licenses and Certifications

The following information is required for all licenses and certifications applicable to the Work performed under the Agreement.

Please provide the information below. This document and one copy of each applicable license and certification shall be submitted to Company before any Work is performed under a Work Order.

Contractor shall update this document and submit it to Company as required or reasonably requested during the Term of the Agreement.

Renewals of any license or certification listed below shall be submitted to Company during the Term of the Agreement.

Person Completing this Form

Contractor Name:	
Contractor's Authorized Representative – Signature:	
Contractor's Authorized Representative – Print:	
Title:	
Telephone Number:	
Date:	

License/Certificate Holder:		License/Certificate Type:	
License/Certificate Number:		State or Issuing Authority:	
Issue Date:		Expiration Date:	
License/Certificate Holder:		License/Certificate Type:	
License/Certificate Number:		State or Issuing Authority:	
Issue Date:		Expiration Date:	

License/Certificate Holder:		License/Certificate Type:	
License/Certificate Number:		State or Issuing Authority:	
Issue Date:		Expiration Date:	
License/Certificate Holder:		License/Certificate Type:	
License/Certificate Number:		State or Issuing Authority:	
Issue Date:		Expiration Date:	
License/Certificate Holder:		License/Certificate Type:	
License/Certificate Number:		State or Issuing Authority:	
Issue Date:		Expiration Date:	
License/Certificate Holder:		License/Certificate Type:	
License/Certificate Number:		State or Issuing Authority:	
Issue Date:		Expiration Date:	
License/Certificate Holder:		License/Certificate Type:	
License/Certificate Number:		State or Issuing Authority:	
Issue Date:		Expiration Date:	
License/Certificate Holder:		License/Certificate Type:	
License/Certificate Number:		State or Issuing Authority:	
Issue Date:		Expiration Date:	
License/Certificate Holder:		License/Certificate Type:	
License/Certificate Number:		State or Issuing Authority:	
Issue Date:		Expiration Date:	