

This form is simply an example provided to the marine employer to try and assist them with compliance. No one is certifying the accuracy or completeness of these forms with the constantly changing regulatory environment.

Agreement between employers for sharing of crew members

Date: _____

I _____,
print employee's name

request of my current D.E.R. of _____
current employer to inform the

D.E.R. of _____
Other employer of any and all of my drug test results and other drug testing

information such as proof of EAP completion for the specified period from _____
date to

date employee's signature

Current Company

I _____, the DER of _____

attest that the above employee has met all federally mandated requirements of the DOT & USCG Drug Program. **Attached to this agreement** are proof of the employee's pre-employment test result or exemption from pre-employment testing, along with proof of EAP compliance. I will inform the DER listed below, in writing within 24 hours of any and all of his/her drug test results and immediately for a positive drug test or drug testing violation,. If this employee becomes not available for random drug selection during the above specified time period I will inform the DER listed below.

DER: _____
printed name signature

Company Address Phone: _____ Fax: _____
24 hour contact number

_____, _____

Other Company

I _____, the DER of _____

understand that the above D.E.R. will continue to act as the primary employer for the above named employee. I understand that I will act as the employee's supervisor and I will work with the above named D.E.R. for the time period stated above. All costs associated with the drug testing for this individual (*including reasonable cause testing*) will be the responsibility of primary employer.

DER: _____
printed name signature

Company Address Phone: _____ Fax: _____
24 hour contact number

_____, _____

Each company must retain this agreement