

THE MARITIME CONSORTIUM, INC.

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TOLL FREE FAX: 1-800-764-2350

WWW.DRUGFREEVESSEL.COM

2025-26 ENROLLMENT APPLICATION

COMPANY INFORMATION: Please of	complete all information and sign below.				
Company or Vessel Name:	1				
Vessel Documentation Number(s)/Registration Number(s):					
Designated Employer Representative (DER):					
Address:					
City:	State: Zip:				
Phone: Fax:	E-mail				
Company Type:	Months of Operation: (please check all that apply)				
☐ Charter/Party ☐ Towing/Salvage ☐ Passenger	□ JAN □ FEB □ MAR □ APR □ MAY □ JUN				
Sailing School Other (specify):	JUL AUG SEP OCT NOV DEC				
MARITIME MEM	IBER CONTRACT				
A. Testing Services For the term that begins the date this application is received by The Maritime Cemployer's (Member Company) intermediary (as provided in 40.345) and will miles of Company's registered office, when possible; (2) Overnight express shadulteration checks, and 72 hour reporting of results; (4) Computer general Company's Designated Employer Representative will be in writing when emptesting when the available M-Pak kits are obtained and used according to include employment testing available as explained in Section E below; (9) Periodic testing Review Officer (MRO) services including verification of test results, chain of cests, and second medical confirmation of positive tests; (11) Recordkeeping of Management Information Systems (MIS) reporting to the Coast Guard and notification of failures to test, termination, or positive test results as required by	ill provide the Member Company: (1) A specimen collection site within 45 chipment of specimen to be tested at a SAMHSA approved testing laboratory MIT screening, GC/MS confirmations, proficiency testing, on-site inspections ated random selection of employees by Maritime; (5)Notification of Member ployee/contractor is selected for a drug test; (6) Serious Marine Incident (SMI ded instruction for required drug and alcohol tests; (7) For cause testing; (8) precting or providing member's proof of exemption to the Coast Guard; (10) Medical custody verification, direct interview of employee/contractor in case of positive of all positive test results for five years, and negative results for one year; (12) If a Certificate of a MIS Filing during membership term; (13) Coast Guard				
B. Program Documentation Maritime will provide Member Company: (1) Identification cards for all enrollment in random drug testing, and will contain a unique computer generate during Coast Guard Audit; (3) Drug-Free Vessel sticker; (4) Access to a passwo Guard regulations, testing procedures, Employee Assistance Program mater employee statement of understanding. Upon request, Maritime will also prove Replacement Certificate of Enrollment; (3) Coast Guard approved letter for lice and full listing of prior drug tests performed by Maritime.	ted ID number; (2) A letter confirming Member Company's compliance for us ord-protected website containing a company drug testing policy, copies of Coastrials (includes contact information for Substance Abuse Professionals), and wide the following at no charge to the member: (1) Replacement ID card; (2)				
C. Guarantee of Compliance Maritime provides a guarantee that the Maritime's services to the Member Co contained in 46 CFR parts 4, 5, 16, and 49 CFR part 40. It is understood that sh Maritime retains the right to adjust fees to take into account any additional costs	should these DOT/Coast Guard drug-testing regulations be changed or modified				
D. Company Responsibilities (1) Per Coast Guard regulations, Member Company is responsible for complying with Coast Guard pre-employment testing regulations, as described in section E below; (2) To appoint a Designated Employer Representative (DER) who will be the contact person for test notices, tests results as well as all company correspondence. Notify Maritime in writing when/if DER information changes; (3) To ensure that current mailing address, phone and fax numbers and emai address are provided to Maritime and that should secondary (or off-season) contact information be available, that it too be provided to Maritime; (4) Company responsibilities include promptly enrolling new employees; and (5) properly following random testing instructions including taking any test immediately. The Member Company shall indemnify, hold harmless, and defend Maritime against legal actions arising out of or in connection with Company's failure to comply with federal law or policy due to any breach of this agreement.					
E. Coast Guard Pre-Employment Test Regulations As required by 46 CFR part 16, when hiring a new employee or enrolling in a test prior to enrollment in any random testing program. Once a test is performed and B) apply to the new employee for the membership term. Any person joining verify drug-free status. Maritime offers this pre-employment test is available for the pre-employment test if he/she has had a NIDA 5 Chemical Drug Test within consecutive days within the past 6 months, as per 46 CFR part 16. Maritime can documentation on file for each employee.	ned and an acceptable result is received, all enrollment benefits (see Sections A ling a drug-testing program must be pre-employment tested upon enrollment to for an additional \$60/\$70* per test. A person shall be deemed exempt from in 6 months prior to enrollment, or has been subject to random testing for 60				
By signing below, you acknowledge full understanding of the Maritime Member	r Contract, and agree to the terms outlined therein.				
Signature:	Date:				
orginature.	Date.				

Company or Vessel Name:								
	EN	ROLLMENT DESCRI	IPTION					
Purpose: [46 CFR 16.230] Marine employe related to the safe operation of all company v		rograms for random chemic	cal drug testing	g for all crewmen	nbers performing duties directly			
Enrollment: Includes the costs of random, retested through the membership term.	easonable cause and	d follow-up drug testing fo	r each defined	crewmember, reg	ardless of the number of each times			
Pre-Employment Testing: The Coast Guard requires pre-employment/pre-enrollment testing for any individual joining a drug testing program unless s/he has been tested within the last 6 months or been subject to random testing for 60 consecutive days within the past 6 months. If captains or crewmembers being enrolled are exempt from the pre-employment test requirement, please enclose documentation with this application. Pre-employment testing is available at the time of enrollment for \$60/\$70* per test.								
LIST OF CAPTAINS, CREWMEMBERS AND DECKHANDS								
NAME	SOCIAL SECUR	ITY # DATE OF BIR	TH LIC	CENSE INFO	PRE-EMPLOYMENT STATUS			
1.			Licens	ed Unlicensed	Needs Test Exempt			
2.			Licens	ed Unlicensed	Needs Test Exempt			
3.			Licens	ed Unlicensed	☐ Needs Test ☐ Exempt			
3.			Licens	ed Unlicensed	Needs Test Exempt			
5.			Licens		☐ Needs Test ☐ Exempt			
6.		-	Licens		Needs Test Exempt			
7.			Licens		Needs Test Exempt			
					<u></u>			
8.			Licens		Needs Test Exempt			
9.			Licens	ed Unlicensed	Needs Test Exempt			
NOTE: Maritime ID cards will be issued un	on receipt of writter	n documentation on pre-em	nlovment stat	us Marine employ	vers operating internationally please			
NOTE: Maritime ID cards will be issued upon receipt of written documentation on pre-employment status. Marine employers operating internationally, please include a "one time" \$100 administrative fee to cover shipping and collection costs.								
MARITIME POST-ACCIDENT KITS								
The Coast Guard requires each commercial vessel which is more than 2 hours from an open collection site capable of doing alcohol or drug test to have an alcohol test device on board to administer to each person involved in a potential accident, as well as report for a drug test to the closest facility. Section 4-06-1(b) requires that marine employers "take all practicable steps to have each individual engaged or employed on board the vessel who is directly involved in the incident chemically tested for evidence of drug and alcohol use." Maritime has developed the M-PAK® to guarantee full compliance with this new rule. The M-Pak contains: The required DOT approved alcohol screening device (ASD) and instructions for its use A Federal Chain of Custody (COC) form for the drug test, which includes a full Coast Guard compliant drug test and collection at no fee, the COC is preprinted with your company's information Post-accident instructions including Federal Forms from the Coast Guard, including the updated form providing for the alcohol results The Coast Guard's requirement for training on the alcohol screening device's use is met with the Maritime Fact Sheet summary The M-PAK® contains the above referenced in a waterproof and tear-proof envelope uniquely suitable for the marine environment								
It is recommended that you maintain one for each of your crewmembers. Please note: If you do not maintain current M-Paks on board your vessel and are involved in a Serious Marine Incident, you will be responsible for all costs associated with post-accident testing.								
PAYMENT INFORMATION								
Description	QTY	Cost	Amount	m ~				
New Enrollments (valid through 6/30/20	026)	\$75/per person (\$85 AK, HI, PR, VI \$100 GU,MR		Three Co	nvenient Ways to Enroll			
Pre-Employment Tests Needed (\$70 AK,G	GU,MP)	\$60/\$70 per test		24-	-Hour Toll-Free Fax			
M-PAKs (post-accident test kits)		\$20/ per kit			1-800-764-2350			
Extra Vessel Sticker		\$7/each						

	PA	PAYMENT INFORMATION			
Description	QTY	Cost	Amount		
New Enrollments (valid through 6/30/2026)		\$75/per person (\$85 AK, HI, PR, VI \$100 GU,MF)			
Pre-Employment Tests Needed (\$70 AK,GU,MP)		\$60/\$70 per test			
M-PAKs (post-accident test kits)		\$20/ per kit			
Extra Vessel Sticker		\$7/each			
Extra Program Handbook		\$15/each			
Employee Assistance Training CD		\$10/each			
Shipping Method (First Class US Mail)		-			
Rush Service (FedEx Priority Overnight)		\$55/\$65			
Monday – Friday Delivery: \$55 / Saturday Delivery: \$65 Request MUST be received by 3PM EST and include street address for FedEx delivery.	TOTAL DUE:				
PAYMENT METHOD	6.1				

PAYMENT METHOD Check (#______) Visa/MasterCard American Express Card Number: CVV: Exp. Name on Card: Signature:

Online

www.drugfreevessel.com

Mail

The Maritime Consortium, Inc. PO Box 4070 Annapolis, MD 21403-6070

Please do not mail requests that have been faxed. Make checks payable to The Maritime Consortium Credit card payment is required for all online and fax enrollments.