

APPENDIX B

DRIVER NOTIFICATION LETTER

Naslund Disposal Services, Inc.

I certify that I have received a copy of, and have read, the above _____ policy on alcohol and drug testing procedures.

I understand that as a condition of employment as a driver I must comply with these guidelines, and do agree that I will remain medically qualified by following these procedures.

If I develop a problem with alcohol or drug abuse during my employment with **Naslund Disposal Services, Inc.** will seek assistance through the current alcohol and drug testing program administrator.

Signature Brett Turries

Date Signed 10-27-16

Employer: Retain in Employee's Confidential File

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BRETT JURRIES Naslund Disposal Service

I certify that I have received a copy of, and have read the above _____ policy on alcohol and Drug Testing procedures. I understand that as a condition of employment as a driver I must comply with these guidelines, and do agree that I will remain medically qualified by following these procedures. If I develop a program with alcohol or drug abuse during my employment with Naslund, I will seek assistance through the current alcohol and drug testing program administrator.

Brett Jurries 8-8-03

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If I develop a problem with alcohol or drug abuse during my employment with ___ *Naslund Disposad* I will seek assistance through the current alcohol and drug testing program administrator.

Signature *C. Mike One*

Date Signed *10/27/2016*

Employer: Retain in Employee's Confidential File

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MIKE CONE

I certify that I have received a copy of, and have read the above Naslund Disposal Service policy on alcohol and Drug Testing procedures. I understand that as a condition of employment as a driver I must comply with these guidelines, and do agree that I will remain medically qualified by following these procedures. If I develop a program with alcohol or drug abuse during my employment with Naslund, I will seek assistance through the current alcohol and drug testing program administrator.

Mike Cone 8-8-03

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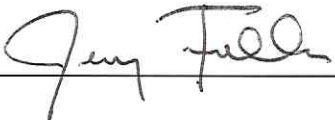
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Signature 

Date Signed 10-27-16

Employer: Retain in Employee's Confidential File

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JERRY FULLER

I certify that I have received a copy of, and have read the above Naslund Disposal Service policy on alcohol and Drug Testing procedures. I understand that as a condition of employment as a driver I must comply with these guidelines, and do agree that I will remain medically qualified by following these procedures. If I develop a program with alcohol or drug abuse during my employment with Naslund I will seek assistance through the current alcohol and drug testing program administrator.

Jerry Fuller
5/11/03

Jerry
Pepsi LA County
19600 S Figueroa
Carson Ca.
90745
1989 - 1990

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If I develop a problem with alcohol or drug abuse during my employment with **Naslund Disposal Services, Inc.** will seek assistance through the current alcohol and drug testing program administrator.

Signature 

Date Signed Oct 27 2016

Employer: Retain in Employee's Confidential File