**THE EDUCATIONAL SERVICES COMMISSION OF NEW JERSEY**

**STATEMENT OF ASSURANCE**

**OMNIBUS TRANSPORTATION EMPLOYEE TESTING ACT COMPLIANCE CERTIFICATION FORM**

I certify that a Drug and Alcohol test is given to all newly hired (full time and part time) school bus drivers and

bus aides who work for this company under contract with the ESCNJ.

An employee with a documented Drug and Alcohol test administered within the previous 30 days does not have

to be re-tested.

Current bus company’s employees shall also be Drug and Alcohol tested if there is no valid record that a Drug and Alcohol test was administered during the previous year.

An Affidavit, attesting that the above has been accomplished, must be signed by the Chief Officer of the Bus

Company, Notarized, and filed with the ESCNJ before any bids will be accepted on behalf of the bus company.

The following firm

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is currently under contract

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be contracted with

To provide a controlled substance testing program tour company as required by the Omnibus Transportation

Employee Testing Act:

Name and address of firm that performs the test for your company:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Firm

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Firm

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company’s Name

**I hereby certify that the statements made in this document are true to the best of my knowledge. If they**

**are willfully false, I am subject to punishment and my bid will be rejected.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Authorized Bidder’s /Owner’s Signature (Name and Title)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Signature / Seal Date

(Form must be notarized)