

Receipt of Hiland Dairy Foods Company L.L.C.
**ALCOHOL & CONTROLLED SUBSTANCE
USE, ABUSE & TESTING POLICY**

This is to acknowledge that I have received a copy of *Hiland Dairy Foods Company L.L.C.'s Alcohol & Controlled Substance Use, Abuse & Testing Policy* to comply with the D.O.T. Regulations. It is each driver's federally mandated responsibility to comply with testing procedures.

Signature _____

Date _____

(Signed Receipt is to be forwarded to Springfield Office and placed in D.O.T. Files)