

Attachment B

Attachment "B" to that certain Proctoring and/or Evaluator Agreement ("Agreement") by and between OQSG and _____ ("Employer")

Employee Acknowledgment and Release

I understand and acknowledge that my Employer has agreed to administer knowledge and/or skills evaluations developed by Operator Qualification Solutions Group, L.L.C. ("OQSG") in accordance with written and/or skill procedures established by OQSG as set forth under the Agreement. I understand that I may review a copy of said procedures upon request. Further, I understand and acknowledge that OQSG reserves the right to invalidate the results of any assessment, evaluation or other test proctored and/or evaluated by my Employer which I may have taken, if it is finally determined, in accordance with the Agreement, that such procedures have been materially violated by my Employer or as an Employee, I have failed to comply with said procedures or have exhibited a lack of ability to safely perform a covered task(s) or identify and react to Abnormal Operating Conditions.

Further, I understand that such invalidation could result in loss or modification of my DOT qualification status. I hereby release, acquit, discharge and hold OQSG, its officers, directors, members, employees and/or agents harmless from any and all liability of any kind or character resulting from such action by OQSG, including, without limitation, the invalidation of any test or assessment results, or the loss or modification of my DOT qualification status, except for any negligence or fault on the part of OQSG.

Employee Consent to Release Information

I understand and acknowledge that my Employer and or OQSG has my permission to release results of any Assessment and Employee Identification information submitted on my behalf for the purpose of these knowledge and/or skills evaluations.

Employee Right of Appeal

I understand that I may appeal any decision or action of the knowledge and/or skills evaluation provider that I deem incongruous with the results of any knowledge and/or skills evaluation administered by the provider. I understand that complaints and appeals must be submitted in writing to the knowledge and/or skills evaluation provider.

Candidate Signature (Employee)

Printed Name

Employee Identification Number

Date