



Forensic Laboratory Rental Services and Agreement

ATS is honored to host your laboratory inspection. The daily rate for the use of the Forensic laboratory is \$750. Half-day rental is also available at \$400.00. The laboratory is equipped the following (and is included with the laboratory fee):

- ✓ Dock height or drive-in access to the building
- ✓ Six-foot wide double doors for most any size evidence
- ✓ Superior overhead lighting
- ✓ Six-camera, in-ceiling surveillance system for recording on individual DVDs (one set of 'master' DVDs provided to client; additional copies available at \$15 per DVD)
- ✓ Tool box with ordinary mechanic-style hand tools
- ✓ Two large inspection tables
- ✓ Workbench with a vise and magnifier
- ✓ Two stereo microscopes (one with digital imaging capabilities, computer interface and a 32" wall-mounted LCD screen for easy viewing)
- ✓ 120 psi shop air, Natural gas, 120/240 v AC power, sink for clean-up
- ✓ Laboratory/Evidence Technician
- ✓ Parking, restrooms, coffee, and WiFi are all available on-site at no additional cost. Snack and soft drink vending machines charge. Meeting room can be arranged.
- ✓ Assistance with overnight lodging and local restaurants is also available. ATS is located approximately 45 minutes from the Atlanta (Hartsfield-Jackson) airport and 30 minutes from the downtown area. McCollum (KRYY) airfield in Cobb County is 10 minutes away.

We can receive your evidence ahead of time, store it in our secured, climate-controlled area, display it as necessary, hold in storage or ship to your desired location, at cost. Annual storage fees, as required, are determined by the size/quantity of the evidence.

Some services are available 'on-demand' while others must be scheduled in advance. For example, Real-time X-ray is available on-demand at \$250/hour; however, Scanning Electron Microscopy (SEM) is available by appointment at \$250/hour. Please visit our website at www.atslab.com for a list of all company services available.

ATS is hosting this inspection for the benefit of those involved and as such has no interest in the outcome of any testing or analyses. ATS will not render any opinions nor be required to testify, except as may be required for the services actually rendered.

It is the policy of Applied Technical Services to be compensated for all services rendered. ATS is happy to invoice insurance carriers given the appropriate contact information, including the responsible party's name, address, and claim information; otherwise, payment is expected upon the conclusion of the inspection. ATS accepts payment by either check or credit card (Visa, American Express or Master Card). A 'quote' for services expected to be rendered can be provided, upon request.

All parties present will be required to sign-in. A copy of the participants will be available at the end of the inspection.

ATS requires cancellation notice at least 48 hours prior to the agreed upon inspection date. A \$250.00 cancellation fee will be assessed for any cancellation less than 48 hours prior to the inspection date.

Thank you for considering Applied Technical Services for your Forensic Inspection services. We have reserved the ATS Forensic Laboratory by your request for the following date(s):

Date of Lab Inspection

By your signature, you agree to the terms and conditions of the use of the ATS Forensic Laboratory and the charges involved. You have/have not received a 'good faith' quote based upon the expected services to be rendered by ATS. You understand that unless prior arrangements have been made and confirmed, you may not be able to continue your use of the ATS Forensic Laboratory beyond the contracted date(s). Any additional date(s) will be re-contracted.

Jeffery T. Morrill
Manager, Fire Investigations

Contract with Name
Representing Firm

Full Day Half Day

Date: _____

Party financially responsible Name
Company Insurance Company
 Mailing Address
 City, State Zip

Claim information:

Claim No: _____
Insured: _____
Loss Location: Street Address
 City, State Zip
Date of Loss: _____

ATS information (for internal use only)

ATS Reference File # _____ Customer ID: _____

Method of payment: Insurance Company Billing Direct Pay Credit Card
(circle one)

(insure proper information is collected)