

## DRIVER'S GENERAL CONSENT

### Granting Employer Access

to conduct limited and full queries into records kept within the  
Department of Transportation – F.M.C.S.A. Drug & Alcohol Test Clearinghouse

#### DRIVER'S INFORMATION:

DRIVER'S LEGAL NAME:	<input type="text"/>	SSN/ID#:	<input type="text"/>
CDL #:	<input type="text"/>	ISSUING STATE:	<input type="text"/>
CURRENT EMPLOYER:	<input type="text"/>	SERVICE AGENT:	FORENSIC Drug Testing Services, Inc.

#### DRIVER'S CONSENT:

I am granting my full and free consent for my employer and their service agents to conduct the following Queries into my records, found within the Federal Department of Transportation - FMCSA Drug & Alcohol Test Clearinghouse, as follows checked below. This general consent shall expire upon my separation from employment:

- Any Amount of "Limited Queries", not to exceed 12 in any one calendar year &;
- Any Amount of "Full Queries", requested by my employer, not to exceed 12 in any one calendar year;
- I do NOT Consent to any release of my personal testing records, found within the DOT-FMCSA Clearinghouse.

Original Driver's Signature:

Date Signed:

- This Consent request is made in compliance with Title 49 CFR Part 382, Subpart G -

Prospective/Current Employer of CDL Driver	<ul style="list-style-type: none"><li>- An alcohol confirmation test with a concentration of 0.04 or higher.</li><li>- Refusal to test (alcohol) as specified in 49 CFR 40.261.</li><li>- Refusal to test (drug) not requiring a determination by the MRO, as specified in 49 CFR 40.191.</li><li>- Actual knowledge, as defined in 49 CFR 382.107, that a driver has used alcohol on duty, used alcohol within four hours of coming on duty, used alcohol prior to post-accident testing, or has used a controlled substance.</li></ul>
Service Agent acting on behalf of current Employer of CDL Driver	<ul style="list-style-type: none"><li>- Negative return-to-duty test results (drug and alcohol testing, as specified in 49 CFR 40.191).</li><li>- An alcohol confirmation test with a concentration of 0.04 or higher.</li><li>- Refusal to test (alcohol) as specified in 49 CFR 40.26.</li><li>- Refusal to test (drug), not requiring a determination by the MRO as specified within 49 CFR 40.19.</li></ul>
MRO	<ul style="list-style-type: none"><li>- Negative return-to-duty test results (drug and alcohol testing, as applicable).</li><li>- Verified positive, adulterated, or substituted drug test result.</li></ul>
SAP	<ul style="list-style-type: none"><li>- Identification of driver and date the initial assessment was initiated.</li><li>- Successful completion of treatment and/or education.</li><li>- Makes final determination of eligibility for return-to-duty testing.</li></ul>

Notes/Comments:

**Department of Transportation**  
 F.M.C.S.A. Drug & Alcohol Clearinghouse - Paper Query Authorization & Consent Form  
**- PAST EMPLOYER AUTHORIZATION TO RELEASE & DRIVER CONSENT -**  
 Request for information, in accordance with Title 49 CFR Part 40.25 & 382.701

**Dear Past Employer:**

I am applying for a "Safety-Sensitive" position with the above listed Company, which is regulated by the Federal Department of Transportation (D.O.T.). In order for me to be allowed to perform any type of "Safety-Sensitive" duties for them, I must respectfully request that you submit the below listed information to them, as soon as possible, in accordance with federal regulations. You hereby have my full consent and written authorization to release any and all of my personal drug & alcohol testing information to the below listed company, including any "Positive", "Negative", "Refusal to Test" Drug or Breath Alcohol Test Result and/or any S.A.P. evaluation and Return to Work documentation. You are also permitted to "legally" release this information to them, in accordance with Title 49 CFR Part 40.25 & 49 CFR 382.701.

I hereby give my full consent and authorization for my prospective employer, listed below, to conduct a "Full Query" of the D.O.T.-F.M.C.S.A. Drug & Alcohol Clearinghouse database, in order to determine my eligibility to enter into and/or remain in a DOT regulated "Safety-Sensitive" position. I also give my prospective/current employer my ongoing consent and authorization to run an annual "Limited Query" of the Clearinghouse Database, in order to verify my continued eligibility. Finally, I have given my personal responses to the below listed questions, which I attest are true and accurate. This consent shall expire upon my termination or at the end of 5 years, from the date listed below.

<b>DRIVER'S PRINTED NAME</b>	<input type="text"/>	<b>DRIVER'S CDL#:</b>	<input type="text"/>
<b>DRIVER I.D. #:</b>	<input type="text"/>	<b>DRIVER SIGNATURE:</b>	<input type="text"/>
<b>DRIVER'S HOME PHONE:</b>	<input type="text"/>	<b>DRIVER'S CELL:</b>	<input type="text"/>
<b>Requesting Company:</b>	<input type="text"/>	<b>Company FAX:</b>	<input type="text"/>

**PAST EMPLOYER SUBMISSION**

**Driver's Self-Report**

<b>PAST EMPLOYER'S Response:</b>	<b>YES (When?)</b>	<b>NO</b>	<b>DRIVER'S Answers:</b>	<b>NO</b>
Has this past employee ever tested "Positive", or "Refuse" to submit to Drug Testing?	<input type="checkbox"/>	<input type="checkbox"/>	<b>YES (When?)</b> <input type="checkbox"/>	<input type="checkbox"/>
Has this past employee ever tested at or above .04% on a D.O.T. Breath Alcohol Test?	<input type="checkbox"/>	<input type="checkbox"/>	<b>YES (When?)</b> <input type="checkbox"/>	<input type="checkbox"/>
Was this Driver evaluated by a certified Substance Abuse Professional (SAP) within the last three years?	<input type="checkbox"/>	<input type="checkbox"/>	<b>YES (See S.A.P. Letter)</b> <input type="checkbox"/>	<input type="checkbox"/>
Has this past employee been ACTIVE within your Random Pool and subject to Random testing, within the last 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<b>YES</b> <input type="checkbox"/>	<input type="checkbox"/>
Has this employee violated any DOT Drug or Alcohol Regulation, either with you or past employers?	<input type="checkbox"/>	<input type="checkbox"/>	<b>YES (When?)</b> <input type="checkbox"/>	<input type="checkbox"/>

**PAST EMPLOYER CERTIFICATION**

In accordance with Title 49 CFR Part 40.25, we have provided the above information, upon the express written consent of our past employee. This information was given in good faith and believed to be 100% accurate based on our employee files.

**DRIVER'S CERTIFICATION**

I have provided the above "Self-Report" information, which I have answered truthfully. I understand any false statement made on this document is grounds for my immediate removal from duty and termination from employment.

<b>PAST COMPANY NAME:</b>	<input type="text"/>	<b>Driver's NAME:</b>	<input type="text"/>
<b>PAST Employer's Signature:</b>	<input type="text"/>	<b>Driver's Signature:</b>	<input type="text"/>
<b>Name of Respondent:</b>	<input type="text"/>	<b>New Company?</b>	<input type="text"/>
<b>Date &amp; Time Sent to New Employer:</b>	<input type="text"/>	<b>Date &amp; Time Signed:</b>	<input type="text"/>