

DoT RELEASE/REQUEST OF INFORMATION

1. NEW EMPLOYER INFORMATION:

Company Name: _____	Phone: _____
Address: _____	Fax: _____
Designated Employer Representative: _____	

2. TO BE COMPLETED BY DRIVER:

Driver's Name: _____ Date of Birth: _____ SSN or ID Number _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, Listed in Section 3, to the employer listed in Section 1. This release is in accordance with the DOT Regulation, 49 CFR Part 40, Section 40.25. I understand that the information to be released in Section 3 by my previous employer, is limited to the following DOT-regulated testing items.

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DoT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation
6. Documentation, if any, of completion of the return to duty process following a rule violation

Signature

Date

3. PREVIOUS EMPLOYER RESPONSE:

Company Name: _____
Address: _____
Phone: _____ Fax: _____
Designated Employer Representative: _____

In the three years prior to the date of the employee's signature (Section 2), for DOT-regulated testing:

- | | |
|---|--------------------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher? | Yes _____ No _____ |
| 2. Did the employee have verified positive drug tests? | Yes _____ No _____ |
| 3. Did the employee refuse to be tested? | Yes _____ No _____ |
| 4. Did the employee have other violations of DoT agency drug and alcohol testing regulations? | Yes _____ No _____ |
| 5. Did a previous employer report a drug and alcohol rule violation to you? | Yes _____ No _____ |
| 6. If you answered "yes" to any of the above items, did the employee complete the return to duty process? | Yes _____ No _____ |

Note: If you answered "yes" to Item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return to duty documentation (e.g. SAP report(s), follow-up testing record).

Name of person providing information in Section 3: _____
Title: _____
Phone No: _____
Date: _____