

Release & Documentation of Testing Information

This form may be used to fulfill the requirement of §382.413, obtaining information from a new driver's previous employer(s) regarding past drug and alcohol testing results. This information **must** be obtained from **all DOT-regulated** employers of **all** new drivers within the preceding three years. This information should be obtained prior to allowing the driver to perform a safety sensitive function. Send a separate request to each previous employer you may be contacting. After it is completed and signed by a program representative, keep the form in the driver's investigation history file.

Date of driver's employment application: ___/___/___.

PART 1, TO BE COMPLETED BY THE DRIVER/APPLICANT

I, _____, hereby authorize _____
(driver/applicant's name) (previous employer/company name)
 to release to _____ at _____
(company contact) (new employer/company name)

(address) (city, state, zip)

(phone) (fax)

the results of any positive controlled substance tests; alcohol tests with a result of 0.04 or greater; evidence of refusal to be tested; and information on any required substance abuse professional (SAP) evaluation, determination of need for assistance, and compliance with SAP recommendations for the preceding three years. I request such records be released immediately. *This authorization is valid until withdrawn by me in writing.*

Dated this _____ day of _____, 20_____.

(applicant's name, printed) (applicant's signature)

(social security number) (witness signature)

PART 2, TO BE COMPLETED BY PREVIOUS EMPLOYER

1. Has this person ever tested positive for controlled substances in the past three years during their employment with your company? Yes No
2. Has this person ever had a breath alcohol test with a result of 0.04 or greater in the past three years during their employment with your company? Yes No
3. Has this person ever refused a required test for drugs or alcohol, including a follow-up test, in the past three years during their employment with your company? Yes No
4. Has this person violated any other DOT agency drug or alcohol regulations? Yes No

NOTE: If YES to any of the above questions, please release any documentation relating to the SAP evaluation, determination, and compliance, and give the SAP's name, address, and phone number for further reference.

SAP Name: _____ SAP Phone _____

SAP Address: _____

SAP City, State, Zip _____

Name of Person Releasing Information _____ Date ___/___/___

Signature of Person Releasing Information _____