

DRUG AND ALCOHOL TESTING RESULTS REQUEST - RELEASE FORM

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MAIL TO FORMER EMPLOYER:

I, _____, do hereby authorize
to contact my previous employer(s) in accordance with current US DOT rules and regulations as set forth in 49 CFR 382.413
in order to obtain the following information for the preceding two years:

1. Alcohol test with a result of 0.04 alcohol concentration or greater;
2. verified positive controlled substances test results; and
3. refusals to be tested.

I fully understand the above, and do hereby give my consent to obtain the information required by 49 CFR 382.413.

Driver's signature

Date