

Authorization to Release DOT Drug and Alcohol Results and Safety Performance History

SECTION I: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

\*\*Applicant must complete an additional form for each previous DOT regulated employer\*\*

X I (print name), \_\_\_\_\_, do hereby authorize the below listed previous employer to release and forward DOT Drug and Alcohol test information and safety performance history for the past three years (CDL Driver), as requested in section II, to the above named prospective employer as stipulated in DOT regulations 49 CFR Part 40.25, 382.413 and 391.23.

X 1. Is a Commercial Driver's License required for your employment? Yes \_\_\_ No \_\_\_

X 2. Check here:  if you have NOT performed DOT functions in the past 3 years (CDL Driver).

X 3. Have you, within the past 3 years (CDL Driver), tested positive, or refused to test, on any DOT drug or alcohol test administered by any DOT-regulated Employer including employers who did not hire you? Yes \_\_\_ No \_\_\_

If yes provide Employer's Name: \_\_\_\_\_

If yes, applicant must provide documents verifying successful completion of the DOT return to duty process before being hired to perform safety sensitive functions.

X Previous Employer: \_\_\_\_\_

X Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

X Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

X \_\_\_\_\_ Applicant Signature Social Security Number Date

SECTION II: TO BE COMPLETED BY PREVIOUS EMPLOYER ONLY

Drug and Alcohol Results:

Pursuant to DOT Regulations 49 CFR Part 40 Section 40.25, 391.23 and 382.413, please provide the following information regarding the applicant and return this form by fax or mail to the address/number listed below.

- Check this box if your company and/or the applicant was NOT subject to DOT regulations. 
• Under DOT Part 40 testing requirements - during the last 3 years (CDL Driver) has this person:

Table with 3 columns: Question, Yes, No. Contains 6 questions regarding DOT testing results.

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

Applicant Information: Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_

Safety Performance History: Did applicant drive a commercial vehicle? YES \_\_\_ NO \_\_\_

Check if there is no safety performance history to report, sign below and return.

Was the applicant ever involved in a motor vehicle accident? YES \_\_\_ NO \_\_\_ If yes, please provide the following information.

Accidents:

Complete the following for any accidents included on your accident register (390.15(b)) that involved the applicant in the 3 years prior to the application date shown above.

Table with 5 columns: Date, Location, # of Injuries, # of Fatalities, Hazmat Spill.

Enclosed is other accident information pursuant to the employer's internal policies for retaining minor accident information (391.23(d)(2)(ii))

Any other remarks: \_\_\_\_\_

Completed by Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*\*PLEASE RETURN TO C/O C.H.A.S.E., LLC as service agent for Northern Clearing - FAX #: (615) 446-5260\*\*

\*A reproduction of this form shall be deemed as effective and valid as an original.

\*\*C.H.A.S.E., LLC OFFICE USE ONLY\*\*

First Request:  Fax  Mail  Email Date: \_\_\_\_\_ Second Request:  Fax  Mail  Email Date: \_\_\_\_\_