

JOB SITE _____

Total # of pages per applicant_____

Authorization to Release DOT Drug and Alcohol Results

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 previous DOT regulated employer listed below to release and forward the DOT Drug and Alcohol test information listed below to the above named prospective employer as stipulated in DOT regulations 49 CFR Part 40.25, 391.23 and 382.413.

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

X 2. I authorize: 2 years (Pipeline) _____ OR 3 years (CDL Driver) _____ for drug and alcohol history.

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

X 4. Have you, within the past 2 years (Pipeline) or 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.

I hereby authorize the following previous employer/company to furnish the DOT information requested in section II below.

X *Previous Employer:* _____

X Address: _____ City, State: _____ Zip: _____

X Phone: _____ Fax: _____ Employed from _____ to _____

X		
<i>Applicant Signature</i>	<i>Social Security Number</i>	<i>Date</i>

SECTION II: TO BE COMPLETED BY PREVIOUS EMPLOYER ONLY

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 2 years (Pipeline) or last 3 years (CDL Driver) has this person:

	Yes	No
1. Ever tested positive for a controlled substance in a DOT position?	_____	_____
2. Ever had a DOT alcohol test with a Breath Alcohol Concentration 0.04 or higher?	_____	_____
3. Ever refused a required DOT test for drugs/alcohol (including verified adulterated/substituted drug test results)?	_____	_____
4. Had any other violations of DOT agency drug and alcohol regulations?	_____	_____
5. Did a previous employer report a drug and alcohol rule violation to you?	_____	_____
6. If "yes" for any of the above items, did the employee complete the return-to-duty process?	_____	_____

- 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).

Any other remarks: _____

Completed by Signature: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

****PLEASE RETURN TO 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: _____

C.H.A.S.E., LLC/ Background Check Department
475 Henslee Drive
Dickson, TN 37055

www.chasesafety.com
Phone: 800-831-8378
Fax: 615-446-5260