

AVSOURCE AVIATION PROFESSIONAL'S INC.  
RELEASE OF INFORMATION FORM  
49 CFR PART 40 DRUG & ALCOHOL TESTING RECORDS

**Section I: To be completed by the new employer, signed by the employee, and transmitted to previous employers.**

Employee Printed or Typed Name: \_\_\_\_\_

Employee 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 I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 4 CFR Part 40, Section 4025. I understand that information to be released in Section II-A 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.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I-A. New Employer Name:** Avsource Aviation Professionals, Inc.

**Address:** 7430 US HWY 42, STE 208

Florence, KY 41042

**Telephone#:** (615)900-2962 **Fax#:** (859)282-8777

**Designated Employer Representative:** Brandon Strahan

**I-B. Previous Employer Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone#:** \_\_\_\_\_ **Fax#:** \_\_\_\_\_

**Designated Employer Representative (if known):** \_\_\_\_\_

**Section II. To be completed by the previous employer and transmitted by mail or fax to new employer:**

**II-A. In the two years prior to the date of the employee's signature (in section I) 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 & alcohol testing regulations?                     | YES__NO__      |
| 5. Did a previous employer report a drug & 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 -<br>duty process? | N/A__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 documentations (e.g. SAP report(s), follow-up testing record.

**II-B.**

**Name of person providing information in section II-A:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Date:** \_\_\_\_\_