



**REQUEST FOR DRUG AND ALCOHOL TESTING INFORMATION
AND FOR PREEMPLOYMENT EXEMPTION (49CFR 382.413 & 382.301)**

PURPOSE OF THIS FORM:

49 CFR Part 382 of the DOT regulations requires previous employers to provide information regarding any violations of the regulations by employees. Specifically, any alcohol test with a result of 0.04 or greater, verified positive drug tests, refusals to be tested, any other violations of DOT testing regulations, as well as information on whether the employee has completed the required assessment and requalification provisions under the regulations in accordance with 49 CFR Part 40 Subpart O.

Under 49 CFR 382.301 (b) a prospective employer is not required to administer a pre-employment drug test when hiring a driver if he/she can verify the prospective driver's previous participation in a compliant testing program. An employer can exercise this exemption if he/she contacts the testing program and obtains the information listed in 382.301(c)(1).

Under 49 CFR 382.301 (c)(2), an employer who hires a temporary or contract driver participating in a testing program administered by a third entity must verify the driver's participation in a compliant testing program. If a driver is used periodically, the information must be updated every 6 months.

Name: _____ **Driver License #:** _____
has applied at our company for a safety-sensitive position as outlined in 49 CFR 382.107. In compliance with DOT regulations 49 CFR 382.413 and 382.301, we hereby request information regarding this individual's involvement with your company's drug and alcohol testing program.

DRIVER CONSENT

Date: _____ (mm/dd/yy)

To: PREVIOUS EMPLOYER

Attention: _____

Company: _____

Phone: _____

Address: _____

In accordance with 49 CFR 382.405(f), by my signature below I authorize you and/or your Third Party Administrator (TPA) to release any and all information regarding drug and alcohol testing done on myself while in your employment, acting as your agent, under contract for you, or acting as your representative in any capacity during the preceding two years from the above date. This information is to be released to the prospective employer named below and/or their TPA.

I also understand that I have the right, under 49 CFR 391.23(i) and (j), to review information provided by previous employers; to have errors in the information corrected by the previous employer and to have the employer resend all corrected information to the prospective employer; and to have a rebuttal statement attached to the alleged erroneous information if the previous employer and myself cannot agree on the accuracy of the information.

From: PROSPECTIVE EMPLOYER

Attention: _____

Company: _____

Address: _____

Phone: _____ **Fax:** _____

Applicant Name: _____ **DOB:** _____ (mm/dd/yy)

Applicant Signature: _____ **Date:** _____ (mm/dd/yy)

TESTING HISTORY

Previous Employer and/or TPA:

Please complete the following sections as indicated below, then return to Prospective Employer:

- Section (1) and (2) below (Pre-employment exception in accordance with 49 CFR 382.301)
- Sections (1) and (3) below (Drug and alcohol testing history information in accordance with 49 CFR 382.413 and 49 CFR 40.25)

Section (1)

While employed with your company, was the applicant subject to drug and alcohol testing under DOT regulations?

YES NO

Section (2)

Employee's start date in program _____ (mm/dd/yy)

Employee's end date in program _____ (mm/dd/yy)

Date of last drug test _____ (mm/dd/yy)

Program complies with DOT requirements: YES NO

DRUG & ALCOHOL TEST RESULTS (last 6 months)

Date: _____ Type of Test: _____ Positive Negative
(mm/dd/yy)

Date: _____ Type of Test: _____ Positive Negative
(mm/dd/yy)

Date: _____ Type of Test: _____ Positive Negative
(mm/dd/yy)

Comments: _____

Section (3)

- 1- Has this person tested positive for a DOT drug test in the last three years? Yes No
 - 2- Has this person had a DOT alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last three years? Yes No
 - 3- Has this person refused a DOT test for drugs or alcohol in the last three years? Yes No
 - 4- Do you have knowledge of any other violation by this driver, under 49 CFR Subpart B or of any other DOT agency drug and alcohol testing regulation within the last three years? Yes No
 - 5- If YES to any of the above, did the person comply with referral and rehabilitation requirements of the Substance Abuse Professional (SAP)? Yes No
- Was the person referred to a SAP? Yes No
- If employment with your company continued:
- Was the person evaluated by the SAP? Yes No
- If yes, did the SAP recommend treatment and/or education? Yes No
- Did the person complete the treatment/education determined by the SAP? Yes No
- Did the person undergo a Return to Duty test? Yes No
- If yes, was the Return to Duty test negative? Yes No
- Did the SAP recommend Follow-up testing? Yes No
- If yes, did the person complete Follow-up testing? Yes No

I confirm that the above information is accurate:

Name of Company Representative

Company Name

Signature

Date (mm/dd/yy)