

RELEASE AUTHORIZATION

DOT DRUG & ALCOHOL TESTING INFORMATION & FMCSA SAFETY PERFORMANCE INFORMATION

Section I: To be completed by the employee.

EMPLOYEE NAME: _____ SSN: _____

I hereby authorize release of FMCSA regulated safety performance records, as well as the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years: (1) alcohol tests with a result of 0.04 or higher alcohol concentration; (2) verified positive drug tests; (3) refusals to be tested; (4) other violations of DOT agency drug and alcohol testing regulations; (5) documentation, if any, of completion of the return-to-duty process following a rule violation; (6) information obtained from previous employers of a drug and alcohol rule violation.

Employer Name	Address	Phone Number

To the requesting employer / individual, and its agent The Facet Group:

Employer Name	Address	Phone Number

EMPLOYEE SIGNATURE: _____ DATE: _____

Section II: To be completed by the previous employer and faxed to 800-403-9044, along with the general employment verification information.

Controlled Substances and Alcohol Testing Information

In the previous **three years**, in regards to DOT-regulated testing:

1. Did the employee have alcohol tests with a result of 0.04 or higher?	No	Yes	
2. Did the employee have any verified positive drug tests?	No	Yes	
3. Did the employee refuse to be tested (including any verified adulterated or substituted drug test results)?	No	Yes	
4. Did the employee have any other violations of DOT agency drug and alcohol testing regulations?	No	Yes	
5. Did a previous employer report a drug and alcohol rule violation to you? <i>If yes, please provide the previous employer's report along with this form.</i>	No	Yes	
6. Did the employee fail to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to §382.605 or 49 CFR part 40, subpart O?	N/A	No	Yes
7. If the employee violated a DOT alcohol or controlled substance testing regulation, do you have documentation that the individual successfully completed DOT return-to-duty requirements (including follow-up tests)? <i>If yes, please forward the documentation along with this form.</i>	N/A	No	Yes
8. For a driver reported to have violated DOT's or FMCSA's drug and alcohol prohibitions who successfully completed a SAP's rehabilitation referral, and remained in the employ of the referring employer, did the driver have any of the following testing violations subsequent to completion of a SAP referral:			
(A) Alcohol tests with a result of 0.04 or higher alcohol concentration?	N/A	No	Yes
(B) Verified positive drug tests?	N/A	No	Yes
(C) Refusals to test (including verified adulterated or substituted drug test results)?	N/A	No	Yes

Safety Performance History

In the previous three years , has the driver has any accidents <u>as defined by §390.5 of DOT regulations</u> ?	No	Yes	
<i>If yes, please attach all information as required by §390.15 (b)(1), as well as information on accidents you may wish to provide pursuant to §390.15 (b)(2) or your internal company policies.</i>			

Name of person providing information in Sections I & II: _____ Phone #: _____
 Title: _____ Date: _____

