

Exception for Pre-employment Controlled Substance Testing:

Section 1: To be completed by Prospective Employee

Date: _____	Name (Print): _____
Driver License Number _____	or Social Security Number _____
Signature: _____	I, the above named individual, hereby
authorize _____	to release all information pertaining to my
(Previous Employer)	
Controlled Substance Testing records to _____	(Prospective Employer)

Section 2: To be completed by Current Employer:

Please complete this form in order to assist us in compliance with 382.301(c).

Do you ensure that you have no knowledge or records of a violation of this part or the controlled substances use rule of another DOT agency within the previous six months for the above mentioned driver?

YES _____ NO _____

Please provide the name and address and phone number of your controlled substance testing program administrator.

_____	_____
Contact Name	Company Name
_____	_____
Street Address	City, State, Zip

Phone number	

Person completing form: I certify that the information provided is true and complete to the best of my knowledge.

Name (print): _____ Signature: _____

Title: _____ Date: _____

Please return this form as soon as possible to:

_____	_____		
Designated Employer Rep.	Employer Name		
_____	_____		
Address	City	State	Zip
_____	_____	_____	_____
Phone: _____	FAX _____		

Exception for Pre-employment Controlled Substance Testing:

Section 1: To be completed by Prospective Employee

Date: _____	Name (Print): _____
Driver License Number _____	or Social Security Number _____
Signature: _____	I, the above named individual, hereby
authorize _____	to release all information pertaining to my
(Previous Employer)	
Controlled Substance Testing records to _____	(Prospective Employer)

Section 2: To be completed by Controlled Substance Testing Program of Previous Employer:

Please complete this form in order to assist us in compliance with 382.301(c).

_____	_____
Program/TPA Name	Street Address
_____	_____
City, State, Zip	Phone

Please verify the following information regarding the above mentioned driver:

- 1. Has participated or is participating in your DOT Controlled Substances Testing Program TRUE FALSE
- 2. Your program conforms to DOT Controlled Substances Testing Regulations TRUE FALSE
- 3. The above mentioned driver is qualified under the rules of part 382.301 and has not refused to be tested for controlled substances. TRUE FALSE

What is the date of the driver's last test? _____

Please provide the results for this driver taken with the last six months and any other violations of 49 CFR Part 40 Subpart B-Prohibitions.

Person completing form: I certify that the information provided is true and complete to the best of my knowledge.

Name (print): _____ Signature: _____

Title: _____ Date: _____

Please return this form as soon as possible to:

_____	_____		
Designated Employer Rep.	Employer Name		
_____	_____		
Address	City	State	Zip
Phone: _____	FAX _____		