



DISCLOSURE AND AUTHORIZATION

DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING

In accordance with DOT Regulation 49 CFR Part 391.23 and 49 CFR Part 40, each as applicable, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer (s) listed below to the requesting employer, _____, via Cisine/Driver iQ or another consumer reporting agency (“Agency”) for the purpose of the Agency transmitting such records to requesting employer. I understand the information/documents released pursuant to this section is limited to the following DOT-regulated testing items, including pre-employment testing results occurring during the previous five (5) years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusal to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes information concerning items (i) through (vi) above, I also authorize such company to furnish the following information, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous five (5) years; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous five (5) years.

List all DOT –regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous five (5) years. If necessary, attach additional pages with previous employers, including the date, your name, SSN and signature.

Previous Company(s)	City	State

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate, and complete. I agree that this form, in original, faxed, photocopied or electronic (including electronically signed) form will be valid for any background reports that may be required by or on behalf of the requesting employer,
 _____ or the Agency.

 Driver Name

 Last 4 of SSN or DOB

 Signature

 Date