



# RELEASE AUTHORIZATION DOT DRUG & ALCOHOL TESTING INFORMATION & FMCSA SAFETY PERFORMANCE INFORMATION

**Section I:** To be completed by the employee.

EMPLOYEE NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

This release is in accordance with DOT regulation 49 CFR Parts 40, 382 and 391. 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.

Previous Employer Name	Address	Phone Number

To the requesting employer / individual, and its agent CBSS:

New Employer Name	Address	Phone Number

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Section II:** To be completed by previous employer and faxed to 800-403-9044 or emailed to [compliance@2cbss.com](mailto:compliance@2cbss.com), 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?	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. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? <i>If yes, please provide appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).</i>	N/A	No	Yes
7. Did the driver violate the alcohol and controlled substances prohibitions under subpart B of §382?	No	Yes	
8. Did the driver 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
9. For a driver 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 §382.605 or 49 CFR part 40, subpart O 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 <b>three years</b> , has the driver had any accidents <u>as defined by §390.5 of DOT regulations</u> ? <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>	No	Yes
---	----	-----

Name of person providing information in Section II: \_\_\_\_\_ Phone #: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_