

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby authorize and request

**PREVIOUS EMPLOYER**

to release ALCOHOL and CONTROLLED SUBSTANCES information as listed in 49 CFR Section 391.23 and 40.25 to the above named company. You are released from any and all liability which may result from releasing such information.

Signed: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

APPLICANT'S SIGNATURE

INFORMATION from Section 391.23(e) and 40.25(b):	Yes	No
1. Has the above named individual violated any alcohol and controlled substances prohibitions under subpart B of part 382 or part 40, within in the previous three years?	( )	( )
2. Has the above named individual had an alcohol test with a breath alcohol concentration of 0.04 or greater in the past three years?	( )	( )
3. Has the above named individual had a controlled substance test with a positive result in the past three years?	( )	( )
4. Has the above named individual refused a controlled substances test or alcohol test within the past three years?	( )	( )
If employee violated a DOT drug and alcohol regulation, please provide documentation of the employee's successful completion of DOT return-to-duty requirements or indicate that you do know if the employee completed the requirements.		
Provided by: _____	_____	_____
Print, Title, and Signature		Date

**NOTE:** Failure to furnish information as required by 49 CFR 391.23 and 40.25 within 30 days will result in the above named individual being removed from any safety sensitive position. You are required to release this information per 49 CFR Section 391.23(g) and 40.25(h). We reserve the right to notify the Federal Motor Carrier Administration in the event the above information is not received.