CDS, Inc.

FMCSA Drug & Alcohol Test Results

Form 1020

Authorization to Release Information

For compliance with Title 49 Code of Federal Regulations Parts 40.25 & 391.23

****PLEASE PRINT LEGIBLY****

Prospective Employer: _____

Applicant: _____ _____

Print Name Social Security Number

Please list all DOT-regulated employers for whom you utilized your Class A or Class B license during the preceding three (3) years:
(Please fill out & sign a separate form if more than 3 employers in the last 3 years)

Previous Employer Name	Address	Phone Number	Fax Number	Contact Name	Dates of Employment

1. During the past three years, have you ever tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules?
☐ YES ☐ NO

2. If yes to above, have you successfully completed DOT return-to-duty requirements? ☐ YES ☐ NO ☐ Not Applicable

This release is in accordance with DOT Regulations 49 CFR Parts 40.25, 40.321 and 391.23. I understand this information is limited to the following DOT-regulated testing items: 1) Alcohol tests with a result of 0.04 or higher; 2) Verified positive drug tests; 3) Refusals to be tested; 4) Other violations of DOT agency drug and alcohol testing regulations; 5) Information obtained from previous employers of a drug and alcohol rule violation; 6) Documentation, if any, of completion of the return-to-duty process following a rule violation.

I have read and fully understand this authorization. I certify that the information I have furnished above is correct and complete. In signing below, I hereby authorize release of information from my DOT-regulated drug and alcohol testing records by previous employer(s) listed above to the prospective employer listed above. This information may also be released to the employer's authorized background check vendor Central Drug System, Inc. (CDS).

☐ **Check this box if you have NOT performed DOT functions during the past three (3) years.**

_____ _____

Applicant Signature Date

TO BE COMPLETED BY PREVIOUS EMPLOYER:

In accordance with 49 CFR Parts 40.25 and 391.23, your company is required to release information concerning the Department of Transportation (DOT) drug and alcohol test records of the applicant listed above. Please complete the following:

☐ **Check this box if your company and/or the applicant was <u>not</u> subject to DOT regulations.**

YES	NO	
☐	☐	1. Did applicant have any alcohol tests with a result of 0.04 or higher?
☐	☐	2. Did applicant have any verified positive drug tests?
☐	☐	3. Did applicant ever refuse to be tested? (this includes any adulterated or substituted specimens)
☐	☐	4. Did applicant have any other violations of DOT agency drug and alcohol testing regulations?
☐	☐	5. Did a previous employer report a drug and alcohol violation to you?
☐	☐	6. If yes to any of the above items, did applicant compete the return-to-duty process?

NOTE: If you answered "yes" to item #5, you must provide the previous employer's report. If you answered "yes" to item #6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Completed By:

_____ _____ _____

Name of Previous Employer Name of Person Completing Form Date

_____ _____

Signature Title

PLEASE FAX BACK TO: (714) 418-2028