



FMCSA Drug & Alcohol Results and Safety Performance History

Form 1080(B) Authorization to Release Information

Critical

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

Prospective Employer: _____ Date of Birth: _____

Applicant: _____
First Middle Last Driver's License Number and State of Issuance

Table with 4 columns: Previous Employer Name/Address, Business Phone, Business Fax, Contact Name. Includes a row for 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...
2. If yes to above, have you successfully completed DOT return-to-duty requirements?

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:

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.

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

I hereby authorize release of information from my Department of Transportation driving and safety records by my previous employer(s), listed above to the prospective employer listed above.

I understand that pursuant to Part 391.23 (h)(i), I have the right to review the information provided by the previous employer, the right to have errors corrected by the previous employer, and the right to have a rebuttal statement attached to the alleged erroneous information if the previous employer and I cannot agree on the accuracy of the information.

Applicant Signature _____ Date _____

TO BE COMPLETED BY PREVIOUS EMPLOYER: _____ Employer Name

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 not 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 complete 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).

Please complete the information below and return to us within 30 days, as required by 49 CFR Part 391.23(g). You must keep a record of this request and the response for one year.

Check this box if no safety performance history to report, sign below and return.

Did the applicant drive a commercial motor vehicle for your company? Yes No

If yes, what type of vehicle? CMV Bus Truck Truck Tractor Semi Trailer Full Trailer Pole Trailer Multi Axle Long Combination Vehicle Other:

Reason for leaving your company: Discharged Resignation Laid Off Military Duty

Please complete the following for any accidents included on your accident register {49 CFR Part 390.15 (b)} that involved the applicant in the three (3) years prior to the application date shown above.

Table with 5 columns: DATE, LOCATION, # OF INJURIES, # OF FATALITIES, HAZMAT SPILL

Enclosed is other accident information pursuant to the employer's internal policies for retaining minor accident information {49 CFR Part 391.23(d)(2)(ii)}.

Name of Person Completing Form _____ Date _____ Signature _____ Title _____ FOR OFFICE USE ONLY: No response from above named employer _____ Date _____