

FMCSA Drug & Alcohol Results and Safety Performance History

Form 1080(B) Authorization to Release Information



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

Prospective Employer: Date of Birth:							
Applicant:							
	First Middle Previous Employer Name/Address		Last Business Phone	Business Fax	1	ver's License Number and State of Issuance Contact Name	
r	revious Employer	.vaine/Address	Dusiness Fnone	Business Fax	Conta	act Name	
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				Dates of Emplo	yment:	to	
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.							
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. This information may also be released to the employer's authorized background check vendor Central Drug System, Inc (CDS). This release is in accordance with DOT regulation 49 CFR Part 391.23. The information to be released will include: a) general driver identification and employment verification information; b) information regarding any accidents, as defined by 49 CFR Part 390.5, that occurred in the previous three (3) years including date of the accident, city or town where the accident occurred, driver name, number of injuries, number of fatalities and whether hazardous materials, other than fuel spilled from the fuel tank, were released; and any accident records that are retained pursuant to 49 CFR Part 390.15(b)(2) or pursuant to an employer's internal policies for retaining more detailed minor accident information. 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 <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? 						
4. Did applicant have any other violations of DO1 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.							
DATE		LOCATION	# OF INJURIE	LS # UF F	ATALITIES	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)}.							
FOR OFFICE USE ONLY: ☐ No response from above named employer ☐ Name of Person Completing Form Date ☐ Date							
Signature Title							