



QUERY CONSENT FORM

Driver's Printed Name: _____ **CDL #:** _____ **Issuing State:** _____
Driver's Authorized Employer: _____ **D.O.B.:** _____ **CDL Class:** _____
Authorized Service Agent: **FORENSIC Drug Testing Services, Inc.** **Phone: (760) 770-6068** **Designation: C/TPA**
Authorized M.R.O.: **Dr. Kirk Roberts, MD/MRO** **Phone: (844) 730-7996** **Designation: MRO**

DRIVER'S ACKNOWLEDGEMENT:

My employer has advised me of the Department of Transportation - Federal Motor Carrier Safety Administration's (DOT-FMCSA) Drug & Alcohol Testing regulation, outlined with Title 49 CFR Part 40 & Part 382.701-727, and I'm aware the Company has implemented these regulations into their Drug Prevention and Employee Testing Policy. Furthermore, the company has offered me free computer and Internet access within the Company, so I may register myself within the Clearinghouse & print any drug/alcohol awareness materials I may need, to include access to all Driver/Owner-Operator information concerning the DOT-FMCSA Commercial Driver's License Drug & Alcohol Clearinghouse, implemented by the U.S. DOT-FMCSA January 6, 2020. I hereby acknowledge my Company has adopted Title 49 CFR Part 40 & 382 as Company Policy, as amended.

DRIVER'S WRITTEN CONSENT TO EMPLOYERS FULL QUERY:

I am giving my voluntary consent to my perspective employer, current employer and their service agents to conduct a "Full Query" and/or a "Limited Query" of my personal data and information contained within the U.S. Department of Transportation - Federal Motor Carrier Safety Administration Commercial Driver's License Drug & Alcohol Clearinghouse database, as permitted within Title 49 CFR Part 382.703(b). Furthermore, as a condition of my employment or continued employment, I hereby give my full and free consent for my perspective employer, current employer and their service agents to conduct the following Queries:

FULL QUERY - Conduct a Pre-Employment "Full Query", prior to job placement or as requested by my employer. The Driver agrees to register within the Clearinghouse and once registered, give the employer electronic authorization to access Clearinghouse records.

ONGOING LIMITED QUERY - Conduct any amount of "Limited Queries", as may be needed to comply with Title 49 CFR Part 382.701-727 and Company Policy. I agree to provide my electronic consent within the Clearinghouse, within 24 hours, anytime a Full Query is requested or required.

This consent shall remain valid during my entire length of employment, or 5 years, whichever is greater.

Driver's Printed Name (from CDL): _____ **Driver's Signature:** _____ **Today's Date:** _____

Printed Name of Recipient (Company Official): _____ **Company Official's Signature:** _____ **Submission Date:** _____

Note:

Title 49 CFR Part 382.703(b) requires all DOT-FMCSA regulated employers to obtain driver consent, prior to running a limited or full query of the DOT-FMCSA Drug & Alcohol Clearinghouse. The employer is not permitted to place any driver applicant in a "Safety-Sensitive" function, until a "**Full Query**", conducted in conjunction with the driver's written consent. As such, any driver applicant or current driver who refuses to immediately give the above listed employer their written and electronic consent will **not** be used in any "Safety-Sensitive" function and is subject to immediate disqualification and/or termination, under Company Policy. Full details can be found under Title 49 CFR Part 382 at this link: <https://www.transportation.gov/odapc/agencies>

D.E.R./Company Notes:

COPY DRIVER'S C.D.L. Here (Below):



