



# 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. Jerome Cooper, MD/MRO** Phone: **(800) 452-0030** 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):



# DRIVER NOTIFICATION

The following is a summary of changes and updates made to our Companies Drug Prevention & Employee Testing Program, effective **January 6, 2020**. All of the following changes and updates have been adopted into our written Company Policy and are a condition of continued employment for all regulated employees. Any questions or issues may be directed to the Companies Human Resources Director or Safety-Director, at the Companies main office.

**POLICY:**

The Company has adopted the employee drug and alcohol testing rules, regulations and practices outlined within Title 49 CFR Part 40, 382 and more specifically Title 49 CFR Part 382.701-727 concerning the D.O.T. - F.M.C.S.A. Commercial Driver's License Drug and Alcohol Clearinghouse.

**CLEARINGHOUSE:**

The Clearinghouse is a secure online database that will give employers, their C/TPA, their Service Agents, FMCSA, State Driver Licensing Agencies, and State law enforcement personnel real-time information about CDL driver's drug and alcohol program violations, thereby enhancing safety on our Nation's roadways. The Clearinghouse is an administrative tool to help keep potentially impaired CMV drivers off public roadways.

**EMPLOYER REGISTRATION & QUERY MANDATES:**

All regulated employers are required to register their Company within the Clearinghouse, in order to perform a "Full Query" of all regulated job applicants, prior to job placement. Employers are also required to perform a minimum of one "Limited Query" of each regulated employee, annually. Limited Query "hits", require the employer to conduct a "Full Query".

**REGULATED EMPLOYEE CONSENT:**

All regulated employees are required to give the company a multi-year written consent, allowing the employer to perform their mandated Annual query of all its regulated employee. All regulated employees are required to give the company their written consent and electronic consent within the Clearinghouse, anytime the employer is required to perform a "Full Query". Any Regulated employee who fails or refuses to provide their written and/or electronic consent for either query, will be removed from safety-sensitive duties and placed on unpaid leave for no more than 5 calendar days, or until consent is provided. If consent is not provided after the 5th day, the regulated employee's employment will be terminated.

**REGULATED EMPLOYEE REGISTRATION & PRE-DUTY REPORTING:**

The Company, under its own authority, requires all regulated employees/applicants to accurately and honestly register themselves within the Clearinghouse, within 5 calendar days of receipt of the link shown below. The company will make a device and Internet connection available, during the employee's paid work time, to allow the regulated employee ample opportunity to register within the Clearinghouse as a "Driver". Regulated applicants must register immediately upon receiving a conditional job offer from the company. Regulated employees who refuse or fail to register within the stated 5 day window, will be removed from safety-sensitive duties and placed on unpaid leave for no more than 5 calendar days, or until Clearinghouse Driver registration is completed. If consent is not provided after the 5th day, the regulated employee's employment will be terminated. All regulated employees, prior to entering or resuming any safety-sensitive function, are required to report any personal use/consumption of potentially impairing substances/medications/drugs or any alcohol intake that has occurred within the previous four hours of their start of safety-sensitive duties; or any drug or alcohol related arrest, citation, conviction; or any actions causing their driving privileges to be modified, suspended or revoked. <https://clearinghouse.fmcsa.dot.gov/Register>.

**MANDATED REPORTERS:**

The following are mandated to report drug/alcohol violations of Part 40 & 382 into the the Clearinghouse: The Employer, their Consortium/Third Party Administrator(C/TPA), the Medical Review Officer(MRO), the Substance Abuse Professional (SAP) and the FMCSA Regulated Driver (Employee). Reportable items include, but are not limited to an: MRO Confirmed Positive drug test, EBT Confirmed Breath Alcohol Test at or above .04%BrAC, Refusal to Test determination, Return to Duty & SAP compliance data. For more information about the Clearinghouse or regulations visit:

<https://clearinghouse.fmcsa.dot.gov/Learn>

## REGULATED DRIVER - CLEARINGHOUSE ACKNOWLEDGEMENT

*I acknowledge receipt of this document and understand it's contents . My employer has also 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, which is added to their Drug Prevention and Employee Testing Policy. Furthermore, I have been given free computer access to register within the Clearinghouse and free printing options for drug & alcohol awareness materials, to include Driver/Owner-Operator information concerning the DOT-FMCSA Commercial Driver's License Drug & Alcohol Clearinghouse, implemented by DOT-FMCSA January 6, 2020.*

*I acknowledge my Company has adopted Title 49 CFR Part 40 & 382 as Company Policy & receipt*

**DRIVER'S Printed Name:** \_\_\_\_\_ **Date Signed** \_\_\_\_\_ **Issuing Supervisor's PRINTED Name:** \_\_\_\_\_ **Date Issued** \_\_\_\_\_

**DRIVER'S Signature** \_\_\_\_\_ **Time Signed** \_\_\_\_\_ **Supervisor's Signature** \_\_\_\_\_ **Date Issued** \_\_\_\_\_

**PREVIOUS EMPLOYER/COMPANY NAME:**

Prospective Employer/Company Name:

Point of Contact (Name):

POC Phone:

**Driver's Full Name:**
**Driver's CDL #:**
**Driver's SSN/ID #:**
**Driver's DOB:**
**Previous Employer Hire Date:**
**Separation Date:**
**Driver Release of Liability & Consent:**

*I am giving my previous employer, listed above, my full and free consent to release any and all drug & alcohol testing related documents, results and information, to my prospective employer, shown above. I also agree to release my personal privacy and ownership rights in these documents, results and information, so my previous employer can release and my prospective employer can receive and view any and all drug & alcohol related information. This consent is valid upon presentation, and shall remain valid during my entire length of employment, or 5 years, whichever is greater.*

**Consenting Driver Signature**, permitting release:

**Date Executed:**
**DRUG & ALCOHOL TESTING HISTORY QUESTIONNAIRE**

<b>Within the past 3 years:</b> Has this Driver ever tested "Positive" or "Refused" D.O.T. required Breath Alcohol or Drug Testing?	<b>No</b> <b>Yes</b> (when):
Has this Driver ever tested at or above .04% on a D.O.T. Breath Alcohol Test?	<b>No</b> <b>Yes</b> (when):
Has this Driver even been evaluated, and allowed to Return to Work, by a D.O.T. compliant Substance Abuse Professional?	<b>No</b> <b>Yes</b> (when):
Has this Driver violated any DOT Drug or Alcohol Regulation?	<b>No</b> <b>Yes</b> (when):
Has this Driver been in your Random Pool and subject to testing, in the last 30 days?	<b>No</b> <b>Yes</b> (when):

**PAST EMPLOYER CERTIFICATION**

*I/We have provided the above information, and any supporting documentation at the written request and authorization shown above. Further, as a DOT-FMCSA regulated employer, we are mandated under Title 49 CFR Part 40.25, to provide this information, when requested by the Donor and/or prospective employers.  
 This information was given in good faith and believed to be 100% accurate based on our employee records.*

Respondent's PRINTED NAME:

Respondent's Signature

Date Provided