



Goar Investigations, LLC

Post Office Box 19286, Fountain Hills, AZ 85269

In accordance with DOT regulation 49 CFR Part 391.23.1 I hereby authorize the release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer (DER) and/or its designated agent listed in section I-B to the new employer listed in I-A or its designated agent. This release is in accordance with DOT regulation 49 CFR Part 391.23 and 382. I understand that information to be released in Section II-A by my previous employer is limited to the following DOT regulated testing items during the preceding three (3) years.

Section 1. To be completed by new employee:

- 1) Alcohol tests with a result of 0.04 or higher
- 2) Verified positive drug test
- 3) Refusal to be tested
- 4) Other violations of DOT agency drug and alcohol 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

By signing below, I certify that all of the information provided is complete and accurate and I have read and fully understand this release of information in accordance of 49 CFR Part 391.23 and 382.

Employee Printed Name: _____ SSN: XXX-XX- _____

Signature: _____ Date: _____

1.A

Transdev Services % Goar Investigations, LLC, PO Box 19286, Fountain Hills, Arizona 85269
 T: 480-836-8158 (Call collect if necessary) Text: (602) 228-7029
 F: 480-248-3121
 E: submit@goarinvestigations.com

1.B

Previous Employer Name: _____
 Address: _____
 Phone No: _____

Section 2: To be completed by the previous employer and transmitted by mail or fax to the new employer:

1) Did the employee have alcohol tests with a result of 0.04 or higher?	Y	N
2) Did the employee have a verified positive drug test?	Y	N
3) Did the employee refuse to be tested?	Y	N
4) Did the employee have other violations of DOT agency drug and alcohol resting regulations?	Y	N
5) Did a previous employer report a drug and alcohol rule violation to you?	Y	N
6) If you answered yes to any of the questions above, did the employee complete the return-to-duty process (leave blank if this does not apply)	Y	N

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.)

Printed name of person providing the information in Section 2: _____ Date: _____

Previous Employer's Designated Agent's Signature: _____ Date: _____