ACKNOWLEDGMENT AND AUTHORIZATION FOR DOT CHECKS

**Section I**. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed or Typed Full Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSN # or Employee ID #

I am authorizing the release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B to **[INSERT NAME OF COMPANY]** through its agent IntelliCorp Records. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25 and 391.23. I understand that information to be released 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 also consent to have any legally required notices sent electronically.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian Signature Date

(for searches conducted on minors under

the age of 18)

**I-A**

**New Employer Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designated Employer Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I-B.**

**Previous Employer Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designated Employer Representative (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**II-A.** In the two years prior to the date of the employee’s signature (in Section I), for DOT-regulated testing

|  |  |  |
| --- | --- | --- |
| 1. Did the employee have alcohol tests with a result of 0.04 or higher? |  | YES \_\_\_\_ NO \_\_\_\_ |
| 2. Did the employee have verified positive drug tests? |  | YES \_\_\_\_ NO \_\_\_\_ |
| 3. Did the employee refuse to be tested? |  | YES \_\_\_\_ NO \_\_\_\_ |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? |  | YES \_\_\_\_ NO \_\_\_\_ |
| 5. Did a previous employer report a drug and alcohol rule violation to you? |  | YES \_\_\_\_ NO \_\_\_\_ |
| 6. If you answered “yes” to any of the above items, did the employee complete the return-to-duty process? |  | YES \_\_\_\_ NO \_\_\_\_ |

*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).

**II-B**.

Name of person providing information in Section II-A: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_