

## Release of Information Form – 49 CFR Part 40 (Drug and Alcohol Testing)

**The entire form must be completed by the applicant.**

**Section I. To be completed by the new employer/employee and signed by the employee:**

Employee Printed or Typed Name: \_\_\_\_\_

Employee Last 4-SSN or ID Number: \_\_\_xxx-xx-\_\_\_\_\_

**I-A.**

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

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

\_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

**This was a DOT Regulated Position YES \_\_\_ NO \_\_\_**

Department of Transportation regulated drug and alcohol testing records regarding:

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-B.**

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

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

\_\_\_\_\_

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

Employed from \_\_\_\_\_ to \_\_\_\_\_

As (Position/Title): \_\_\_\_\_

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

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Release of Information Form – Part 391 (Accident History)

**The entire form must be completed by the applicant.**

**Section I. To be completed by the new employer/employee and signed by the employee:**

Employee Printed or Typed Name: \_\_\_\_\_

Employee Last 4-SSN or ID Number: \_\_\_xxx-xx-\_\_\_\_\_

**I-A.**

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

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

I hereby authorize release of information from my Department of Transportation regulated driving and accident history by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 391. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items:

**This was an FMCSA Regulated Position YES \_\_\_ NO \_\_\_**

Department of Transportation regulated driving and accident history records regarding:

1. Confirmation of employment dates
2. Confirmation of Position/Work done by employee
3. Confirmation of Motor Vehicles driven by employee
4. Safety and Efficiency of driver employee
5. Dates of vehicle accidents
6. Reason for leaving employment
7. Satisfaction with employee's general conduct
8. Competency for position being sought
9. An assessment of the employee's quality of work, cooperation with others, safety habits, personal habits, driving skills and attitude.

**I-B.**

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

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

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

Employed from \_\_\_\_\_ to \_\_\_\_\_

As (Position/Title): \_\_\_\_\_

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

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_