

Pipeline Testing Consortium, Inc.

www.pipelinetesting.com

DOT Drug/Alcohol History Check

9 Compound Drive • Hutchinson, Kansas 67502 • (800) 294-8758 • FAX (620) 665-6376

Applicant Authorization to Release DOT Drug/Alcohol Test Results

(As required by 49 CFR Parts 40.25 and 391.23)

TO BE COMPLETED BY APPLICANT

I, _____, as the "Applicant," understand that as a condition of hire with _____,

as the "Company", I must consent to the release of all DOT mandated drug and alcohol information from all of the employers for which I worked in a DOT safety-sensitive position, or for which I took a DOT pre-employment drug test, during the previous two (2) years as required by DOT Part 40.25, (or three (3) years as required by Part 391.23 for any driver of a commercial motor vehicle). Pipeline Testing Consortium, Inc. (PTC), acting as the agent/representative for the hiring Company, will receive the information.

Below, I have listed all of the employers for which I have worked during the past two years (or three years as a CDL driver). I hereby authorize all of my previous employers to furnish to PTC the DOT information described below.

A Commercial Driver's License (CDL) is required for my employment: No Yes

(If **No**, provide all DOT previous employers in the past 2 years.)

(If **Yes**, provide all DOT previous employers in the past 3 years and a Safety Performance Check form must also be completed.)

Previous Employer Name	Address	Phone Number	Fax Number	Dates of Emp.

Applicant Certification: I have read and fully understand this authorization to release my previous drug and alcohol test information, identified by the check boxes below, to Pipeline Testing Consortium, Inc. In signing below, I certify that all of the information I have furnished on this form is true and complete, and that I have identified all of the employers for which I have worked in a DOT safety-sensitive position during the previous two years (or three years as a CDL driver). I also understand that I am responsible for all costs associated with any pending Substance Abuse Professional assessment, recommendations, education and treatment, including costs involving return-to-duty testing and follow-up testing yet to be completed.

- Check this box if you have NOT performed DOT functions in the past two years (or three years as a CDL driver).
- Check this box if you have tested positive, or refused to test, on any DOT pre-employment drug or alcohol test for an employer who did not hire you during the past two years (or three years as a CDL driver).

Signature of Applicant

Social Security Number

Date

Release of Previous Employer's DOT Drug/Alcohol Testing Results

In accordance with DOT regulations, the Company, named above, is required to obtain -- and as a Previous Employer, you are required to release -- DOT drug and alcohol information, listed below, concerning the Applicant, named above. This information request covers any period of employment of the Applicant by you going back two years (or three years, if employee utilized a CDL license), from the date of this request. Please complete the following:

YES

NO

1. Any DOT alcohol test results of 0.04 or greater?
2. Any DOT positive drug test results?
3. Refusal to submit to a DOT required drug / alcohol test? (incl. adulterated or substituted results)
4. Other violations of DOT drug and alcohol testing regulations?
5. If "yes" for any of the above items, did the employee complete the return-to-duty process?*
6. Check this box if the applicant was employed by you but was not subject to DOT regulations.

*Note: If "yes" for item 5, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Previous Employer's Company Name

Name of Person Completing Form

Date

Fax Completed Form To: PTC BACKGROUND CHECK DEPT. #620-665-6376