



# FMCSA - Applicant Authorization to Release DOT Drug/Alcohol Test Results

(As required by 49 CFR Parts 40.25 and 391.23)

I, \_\_\_\_\_, as the Applicant, understand that as a condition of hire with LMP Concrete, 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 three (3) years.

Below, I have listed all of the employers for which I have worked during the past three years. I hereby authorize my previous employers to furnish to the prospective company the DOT information described below.

Previous Employer Name	Address	Phone Number	Fax Number	Dates of Employment

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. 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 three years. 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 three years.
- 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 three years.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

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

In accordance with 49 CFR Part 40.25 and meeting the new FMCSA requirements, 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 three years from the date of this request. Please complete the following:

- |             |                          |  |
|-------------|--------------------------|--|
| <b>YES*</b> | <b>NO</b>                |  |
| _____       | _____                    | 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 specimens) |
| _____       | _____                    | 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?            |
|             | <input type="checkbox"/> | 6. Check this box if your company and/or the applicant was <u>not</u> 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

**RETURN COMPLETED FORM TO: LMP Concrete & FAX # 903-577-7184**

\* A reproduction of this form shall be deemed as effective and valid as an original.

TO BE COMPLETED BY EMPLOYER

TO BE COMPLETED BY PREVIOUS EMPLOYER