

## Drug/Alcohol Testing Notification and Consent

I understand as required by the DOT Regulations §49 CFR Part 382, and company policy, all prospective drivers must submit to a controlled substance test involving collection of a urine sample which will be tested for the following substances: marijuana, cocaine, opiates, amphetamines, and phencyclidine (PCP).

I understand if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle. I also understand I will be given a reasonable opportunity to confer with the company's medical review officer (MRO) before any positive test result is reported to the company.

The result of the drug test will be maintained by the MRO for the company who will report whether the test result was negative or positive to the motor carrier. The MRO or the company may also release the result to my examining physician in connection with my DOT-required physical. The results will not be released to any additional parties without my written authorization.

I also understand, if I test with a measurable blood alcohol content (BAC) of .04 or greater, I cannot return to duty until I see a substance abuse professional (SAP) to resolve alcohol or drug misuse, and produce a result of less than .02 for alcohol and/or a negative drug test under SAP authorization.

I hereby agree to submit to a urine drug test and breathalyzer alcohol test.

**Name of Applicant:** \_\_\_\_\_  
Printed

**Applicant's Signature:** \_\_\_\_\_

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