

**REQUEST FOR DOT DRUG AND ALCOHOL TESTING  
INFORMATION FROM PREVIOUS EMPLOYER**

**PLEASE RETURN TO:**

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, ST. ZIP: \_\_\_\_\_

ATTENTION: \_\_\_\_\_ PHONE: \_\_\_\_\_  
(Name of individual requesting information)

APPLICANT NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

Pursuant to Federal Regulation 49 CFR part 40.25, please furnish the requested information.

I hereby authorize \_\_\_\_\_  
(Previous employer's name)  
to release the alcohol and controlled substances testing information listed below to the above named company.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Signature of employee)

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

Previous employer must supply the following information regarding the above named individual during the past **THREE** years while employed to perform DOT covered safety sensitive functions:

	<b>YES</b>	<b>NO</b>
1. Alcohol tests with a result of 0.04 or higher alcohol concentration?	( )	( )
2. Verified positive drug tests?	( )	( )
3. Refusals to be tested (including verified adulterated or substituted drug test results)?	( )	( )
4. Other violations of DOT agency drug and alcohol testing regulations?	( )	( )
5. Did a previous employer report a drug and alcohol rule violation to you?	( )	( )
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process?	( )	( )

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Signature of individual supplying information)

NOTE: If you answer "yes" to item 5, you must provide the previous employer's report. If you answer "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Please identify the Substance Abuse Professional you referred the employee to if he/she had an alcohol test of 0.04 or higher, a verified positive controlled substance test, or refused testing.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, ST. ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_