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### Application Authorization to Release Drug and Alcohol Testing

Section I. To be completed by the new employee, signed by the employee, and transmitted to the previous employers listed below.

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Have you (employee) tested positive, or refused to test on any pre-employment drug or alcohol test (administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules) during the past two (2) years?

( ) YES ( ) NO

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employers, limited in Section I-B, to Aviation Personnel. This release is in accordance with DOT Regulations 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:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug test;
3. Refusals to test;
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.

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

**Section I-B – Applicants must list all previous employers that have tested them for drug/alcohol in the past two (2) years. Including pre-employment tests even if applicant did not go to work for the employer.**

Company Name	Address	Phone#	Dates Employed

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing~

1. Did the employee have alcohol tests with a result of 0.04 or higher? Yes \_\_\_ No \_\_\_
2. Did the employee have a verified positive drug test? Yes \_\_\_ No \_\_\_
3. Did the employee refuse to be tested? Yes \_\_\_ No \_\_\_
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? Yes \_\_\_ No \_\_\_
5. Did a previous employer report a drug and alcohol violation to you? Yes \_\_\_ No \_\_\_
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A \_\_\_ Yes \_\_\_ No \_\_\_

\*Note: If you answered "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 records).

Name of person completing Section II-A: \_\_\_\_\_  
Signature: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FAX THE COMPLETED FORM TO AVIATION PERSONNEL ~ (866-614-2841)**