

FMCSA Release Form

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 Cherokee Directional Drilling, Inc. 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 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.

1. Previous Employer Name: _____
Employer/Organization Name

Employer/Organization Street Address _____
Apartment/Unit #

City _____
State _____
Zip Code

Phone: _____ **Fax:** _____

Dates Employed: _____ **to** _____

2. Previous Employer Name: _____
Employer/Organization Name

Employer/Organization Street Address _____
Apartment/Unit #

City _____
State _____
Zip Code

Phone: _____ **Fax:** _____

Dates Employed: _____ **to** _____

3. Previous Employer Name: _____
Employer/Organization Name

Employer/Organization Street Address _____
Apartment/Unit #

City _____
State _____
Zip Code

Phone: _____ **Fax:** _____

Dates Employed: _____ **to** _____

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 cost associated with any pending Substance abuse Professionals assessments, recommendations, education, and treatment, including costs involving return-to-duty testing and follow-up testing 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

Date of Signature

Social Security Number

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

(To be completed by Previous Employer)

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:

- YES NO Any DOT alcohol test results of 0.004 or greater?
- YES NO Any DOT positive drug test results?
- YES NO Refusal to submit to a DOT required drug/alcohol test? (Incl. adulterated or substituted specimens)
- YES NO Other violations of DOT drug and alcohol testing regulations?
- YES NO If "YES" for any of the above items, did the employee complete the return-to-duty process?

Check this box if your company and/or the applicant was not subject to DOT regulations.

Note: If "YES" for the return-to-duty process as mentioned above, you must also transmit the appropriate return-to-duty documentation (e.g., SAP reports, follow-up testing record).

Previous Employers Company's Name

Name of Person Completing Form

Date