



## HireRight Client Code:

"Release of Information Form – 49 CFR Part 40 Drug and Alcohol Testing"

Designated Employer Representative(s):

Please respond to:

HireRight

Fax: 866-895-1348

Attn: PRIA/DOT Verifications

14002 E 21st St, Tulsa, OK 74134

Tulsa, OK 74134

### Section I. To be completed and signed by the Applicant/Employee:

Applicant/Employee Printed or Typed Name (include former names): \_\_\_\_\_

Applicant/Employee SS Number: \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records retained by my previous employer, listed below, to Honeywell or its representative, HireRight. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released 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 tests;
3. Refusals to be tested;
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.

Applicant/Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Previous Employer Name: unemployed 12/2015-2/2023

Position(s) Held: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Designated Employer Representative: \_\_\_\_\_

### 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 verified positive drug tests?  | 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 rule 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 answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Name of person providing information in Section II:

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_