FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA)
Applicant Authorization to Release DOT Drug/Alcohol Test Results/Release Safety Performance History
(As required by 49 CFR Parts 40.25 and 391.23)

SECTION A – TO BE COMPLETED BY DRIVER APPLICANTS ONLY – PLEASE PRINT CLEARLY

Applicant Name:	SS#:	Date of Birth:

I, as the Applicant named above, hereby authorize the previous employer listed below to release information from my Department of Transportation regulated drug and alcohol testing records and safety performance history outlined in Section C to DISA Global Solutions, Inc. on behalf of ______________________________ in accordance with 49 CFR Part 40.25 and 391.23.

Previous Employer Name	Address	Phone Number	Fax Number	Dates of Employment

☐ **Check this box if you have NOT performed DOT functions in the past three years.**

Applicant Signature:	Date:

SECTION B – TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Company:	Address:	City/State/Zip:
Contact:	Phone #:	Fax #:

In accordance with 49 CFR Part 40.25, we are obligated to request the information below from all previous employers of the applicant that employed him/her within the 3 years preceding the date above. Please complete the information below and return to us within 30 days, as required by 49 CFR Part 40. Please phone/fax/mail or email the following information to:

DISA Global Solutions, Attn: Backgrounds, 12600 Northborough Drive Suite 300, Houston, TX 77067

Phone: 281-673-2449 Fax: 713- 972-3424 E-mail: backgrounds@disa.com

SECTION C – TO BE COMPLETED BY PREVIOUS EMPLOYER

1.	Has this individual had an alcohol test with a result of 0.04 or higher alcohol concentration?	☐ Yes	☐ No
2.	Has this individual had verified positive drug tests?	☐ Yes	☐ No
3.	Has this individual refused to be tested (including verified adulterated or substituted drug test results?	☐ Yes	☐ No
4.	Has this individual had other violations of DOT agency drug and alcohol testing regulations?	☐ Yes	☐ No
5.	Did a previous employer report a drug or alcohol rule violation to you? If yes, you must provide previous employer's report even though it may be outside the three (3) year time period.	☐ Yes	☐ No
6.	If the answer is "yes" to any of the above items, did the employee complete the return-to-duty process? If yes, you must also transmit the appropriate return-to-duty documentation (e.g. SAP reports, follow-up testing records, etc.).	☐ Yes	☐ No
7.	If you referred the individual to a Substance Abuse Professional, please supply the Name, Address and Phone # for the SAP below. **Name:** **Address:** **Phone#:**		
8.	Did the above named individual drive a commercial motor vehicle (CMV) for you? If yes, what type? ☐ Straight Truck ☐ Tractor-Semi Trailer ☐ Bus ☐ Cargo Tank ☐ Doubles/Triples ☐ Other (Specify):	☐ Yes	☐ No
9.	Are the listed employment dates for your company above correct? If no, please provide correct dates: ___________ to ___________	☐ Yes	☐ No
10.	Reason for leaving your company: ☐ Discharged ☐ Resignation ☐ Layoff ☐ Military Duty ☐ Other (specify):		
11.	Was the applicant's general conduct satisfactory?	☐ Yes	☐ No
12.	While a CMV driver for you, was the individual involved in any accidents as defined in 390.5? If yes, please supply the following information for any accident on your accident register (390.15(b)) that involved the above named individual for the three (3) years prior to the date next to their signature.	☐ Yes	☐ No

Date	Location	# of Injuries	# of Fatalities	Hazamat Spill?	
1.				☐ Yes	☐ No
2.				☐ Yes	☐ No
3.				☐ Yes	☐ No

☐ Enclosed is other accident information pursuant to the employer's internal policies, or reports required by state or other government entities or insures, for retaining more detailed minor accident information (391.23(d)(2)(ii)).

Previous Employer Name (Please Print):	Title:	
Signature:	Phone#:	Date:

****Please Return To: DISA Fax# 713-972-3424**