

**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**

|  |  |                     |                       |                            |
|--|--|---------------------|-----------------------|----------------------------|
| <b>Applicant Name:</b>   |  | <b>SS#:</b>         | <b>Date of Birth:</b> |                            |
| 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 <u>DISA Global Solutions, Inc.</u> on behalf of _____ in accordance with 49 CFR Part 40.25 and 391.23. |  |                     |                       |                            |
| <b>Previous Employer Name</b>  | <b>Address</b>   | <b>Phone Number</b> | <b>Fax Number</b>     | <b>Dates of Employment</b> |
|  |  |                     |                       |                            |
| <input type="checkbox"/>   | <b>Check this box if you have NOT performed DOT functions in the past three years.</b> |                     |                       |                            |
| <b>Applicant Signature:</b>  |  |                     | <b>Date:</b>          |                            |

**SECTION B – TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

|   |                 |                        |
|---|-----------------|------------------------|
| <b>Company:</b>   | <b>Address:</b> | <b>City/State/Zip:</b> |
| <b>Contact:</b>   | <b>Phone #:</b> | <b>Fax #:</b>          |
| 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 immediately, as required by 49 CFR Part 40. Please phone/fax/mail or email the following information to:<br><b>DISA GLOBAL SOLUTIONS, INC Attn: Verifications, 10900 Corporate Centre Drive Suite 250, Houston, TX 77041</b><br><b>Phone: 281-673-2449 Fax: 713- 972-3424 E-mail: Verifications_backgrounds@disa.com</b> |                 |                        |

**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?   | <input type="checkbox"/> Yes   | <input type="checkbox"/> No |                        |  |
| 2. Has this individual had verified positive drug tests?  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No |                        |  |
| 3. Has this individual refused to be tested (including verified adulterated or substituted drug test results)?  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No |                        |  |
| 4. Has this individual had other violations of DOT agency drug and alcohol testing regulations?   | <input type="checkbox"/> Yes   | <input type="checkbox"/> No |                        |  |
| 5. Did a previous employer report a drug or alcohol rule violation to you?  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No |                        |  |
| 6. If the answer is "yes" to any of the above items, did the employee complete the return-to-duty process?<br>If yes, you must provide the records concerning the result, violation and/or return-to-duty documentation (e.g., SAP report(s), follow-up testing results, etc.)  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No |                        |  |
| 7. Did the above-named individual drive a commercial motor vehicle (CMV) for you?   | <input type="checkbox"/> Yes   | <input type="checkbox"/> No |                        |  |
| 8. Please provide dates employed: _____ to _____  |  |                             |                        |  |
| 9. Reason for leaving your company: <input type="checkbox"/> Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Layoff <input type="checkbox"/> Military Duty <input type="checkbox"/> Other (specify):   |  |                             |                        |  |
| 10. While a CMV driver for you, was the individual involved in any accidents as defined in 390.5?<br>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. | <input type="checkbox"/> Yes   | <input type="checkbox"/> No |                        |  |
| <b>Date</b>   | <b>Location</b>  | <b># of Injuries</b>        | <b># of Fatalities</b> | <b>Hazmat Spill?</b>                                     |
| 1.  |  |                             |                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2.  |  |                             |                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3.  |  |                             |                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/>  | Enclosed is other accident information pursuant to the employer's internal policies, or reports required by state or other government entities or insurers, for retaining more detailed minor accident information (391.23(d)(2)(ii)). |                             |                        |  |

|                             |                             |
|-----------------------------|-----------------------------|
| <b>Name (Please Print):</b> | <b>Title:</b>               |
| <b>Signature:</b>           | <b>Phone#:</b> <b>Date:</b> |

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