

Company: _____

General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA)

Drug and Alcohol Clearinghouse

The Federal Motor Carrier Safety Administration (FMCSA) has established the clearinghouse to be a one-stop shop to record drug and alcohol violations nationwide. It is available to all CDL Drivers and CDL Employer Motor Carriers, AND is a required mandate of the FMCSA.

The Clearinghouse dictates that **Company:** _____ make an annual inquiry of your drug and alcohol testing history. Your written consent is required for that query. If any limited query produces violation data, you will be required to give electronic consent for a full inquiry of your drug and alcohol testing history. Drivers who do not give electronic consent for a full query within 24 hours of the original request will be considered to be in violation of Title 49 CFR 382.701 and you will be placed out of service.

I, (**Employee:** _____) hereby provide my consent. My signature below acknowledges that I understand the above and give my written consent to **Company:** _____ to request annually the required drug and alcohol testing history as mandated by FMCSA Drug & Alcohol Clearinghouse regulations for the term of my entire employment.

I further understand that if I refuse to provide consent for **Company:** _____ to conduct a limited query of the Clearinghouse, **Company:** _____ must prohibit me from performing Safety-sensitive functions, including driving a commercial motor vehicles, as required by FMCSA's drug and alcohol program regulations.

Signature of Driver

Signature of Witness

CDL # and State of Issuance

Date

Date