General Consent for Limited Queries of the Federal Motor

Carrier Safety Administration (FMCSA) Drug and Alcohol

Clearinghouse

The Federal Motor Carrier Administration (FMCSA) is establishing the Commercial Driver License Drug and Alcohol Clearinghouse, effective January 6, 2020. This database will contain information pertaining to violations of the U.S. Department of Transportation controlled substance (drug) and alcohol testing program. The Clearinghouse rule will require that employers query the database for current and prospective employee's drug and alcohol violations before permitting those employees to operate a commercial vehicle on public roads. Employers will also be required to annually query the Clearinghouse for each driver currently employed. This consent for is required to be signed by all CDL holders employed by (Company name) to authorize the required annual query.

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I _____, hereby provide consent to (Company name) to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This consent will be in effect for the duration of my employment with (Company name).

I understand that if the limited query conducted by (Company name) indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to (Company name) without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for (Company name) to conduct a limited query of the Clearinghouse, the (Company name) must prohibit me from performing safety-sensitive functions, including driving a commercial

motor vehicle, as required by FMCSA's drug and alcohol program regulations. Given that the operation of such vehicles and the possession of a valid Commercial Driver's License are both conditions of employment, such refusal may effect my employment with the (Company name).

_____   _____

Employee Signature   Date

_____   _____

Employer Signature   Date