**RELEASE AUTHORIZATION**

**DOT DRUG AND ALCOHOL TESTING INFORMATION**

**Section 1:** To be completed by the new employer, signed by the employee, and transmitted to the previous employer.

Employee Printed Name: x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee SS # or ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer listed in Section 1-A to the employer listed in Section 1-B. This release is in accordance with DOT Regulation 49 CFR Part 40. Section 40.25 I understand that information to be released in Section 11-A my previous employer is limited to the following items for the past three years.

1. Alcohol test with a result of 0.04 or higher:
2. Verified positive drug test:
3. Refusals to be tested:
4. Other violations of DOT agency drug and alcohol testing regulation
5. Information obtained from previous employers of a drug and alcohol rule violation.

Applicants Signature: x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A. Previous employer name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Phone # (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax # (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. New employer name: **MAVERICK EXPRESS CARRIERS LLC.**

Address: **2000 EL INDIO HWY EAGLE PASS, TX. 78852**

 Phone # : **(956) 489 - 3113 / Safety Department** Fax # : **(956) / Safety Department**

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

Section ll. to be completed by the previous employer and transmitted to the new employer.

A. In the previous three years, for DOT-regulated testing (while employed by your company):

1. Did the employee have alcohol test with a result of 0.04 or higher? YES\_\_\_\_\_ NO\_\_\_\_\_

2. Did the employee have verified positive drug test? 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. If “yes” to any of the above items, did the employee complete the return-to-duty process? YES\_\_\_\_\_ NO\_\_\_\_\_

6. Did a previous employer report a drug and alcohol rule violation to you? YES\_\_\_\_\_ NO\_\_\_\_\_

Note: Previous employer, if you answered “YES” to any items on Section II-A, you must also transmit a copy(s) of the appropriate documentation (e.g., CCFs, MRO results report, BSTFs, SAP reports, follow-up testing) record to the new employer.

B. Name of person providing information in Section II-A: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Please return both pages via fax to (956)**

Pone # (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Thank You for your immediate attention.

Fax # (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_