

## General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, Driver Name, hereby provide consent to Company Name to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

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, 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.

This consent will be good for an unlimited amount of limited queries (typically done on an annual basis) for the duration of my employment.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Driver's License Number: \_\_\_\_\_

State of Issuance: \_\_\_\_\_

DOB: \_\_\_\_\_