

# CONTROLLED SUBSTANCE & ALCOHOL TESTING INFORMATION ACKNOWLEDGEMENT/CONSENT FORM

As a condition of employment with           Ragar Transportation, LTD           (Motor Carrier), Commercial Motor Vehicle (CMV) Driver Applicants must submit to a pre-employment controlled substance test as requires by the Federal Motor Carrier Safety Regulations (FMCSR) Section 382.301. A motor carrier must receive verified negative test results for the applicant driver for the applicant to be eligible for employment.

If you are hired, you will be subject to law requiring additional controlled substances and alcohol testing on you under numerous situations including, but not limited to, the following:

Post-Accident – Section 382.303	Random – Section 382.305	Reasonable suspicion – Section 382.307
Return to Duty –Section 382.309		Follow-up – Section 382.311

A driver who test positive for a controlled substance(s) and/or alcohol test, will be immediately removed from a safety-sensitive position as required by Part 382 of the FMCSR. Federal law prohibits a driver from returning to a safety-sensitive position for any motor carrier until and unless the driver completed the Substance Abuse Professionals (SAP) evaluation, referral and education/treatment process, as described in FMCSR Part 40, Subpart O.

The following is a referral list of Substance Abuse Professionals: (to be completed by Carrier)

<b>NAME</b>			
<b>ADDRESS</b>			
<b>PHONE #</b>			

**All controlled substance and alcohol testing will be conducted in accordance with Part 40 and 382 of the FMCSR.**

I \_\_\_\_\_ have read the above controlled substance and alcohol testing requirements and understand them. I acknowledge receipt of the referral list of Substance Abuse Professionals.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Employed Representative)



# RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

**THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE  
ALCOHOL OR CONTROLLED SUBSTANCE TEST.**

1. This form must be completed in full and include the driver's original signature.  
*(Electronic signatures will not be accepted)*

2. Deliver, mail, Email or FAX the completed form to:  
**Texas Department of Public Safety**  
**Motor Carrier Bureau, MSC #0521**  
**6200 Guadalupe, Building P**  
**Austin, Texas 78752-4019 / Facsimile: 512-424-5310**  
**Email: MCB.VPR@dps.texas.gov**

<input type="checkbox"/>	Check here if CDL Holder is requesting results on self
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\_\_\_\_\_ ,  
Print Name of CDL Holder Phone Number

\_\_\_\_\_ ,  
Print full Address, City, State and Zip Code of CDL Holder Social Security #

Driver License Number of CDL Holder \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_\_

authorize release of any and all of CDL holder's reported positive alcohol or  
controlled substance test results reported under Texas state law to

\_\_\_\_\_ ,  
**Ragar Transportation, LTD** Phone Number  
Print Motor Carrier's Name

\_\_\_\_\_ ,  
**827 Nafta Blvd. Unit B, Laredo, TX 78045**  
Print full Address, City, State and Zip Code of Motor Carrier

Signature of Driver  <b>X</b>	Date
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**If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address:  
<http://www.dps.texas.gov.htm>.**

# FMCSA Drug & Alcohol Policy Addendum

## Commercial Driver's License Drug & Alcohol Clearinghouse

Beginning January 6, 2020, FMCSA will collect information on drivers' DOT drug and alcohol violations occurring under the Company's FMCSA DOT testing program.

The Company and service providers are required to report DOT drug and alcohol testing program violations to the Clearinghouse. Motor carriers, medical review officers, third-party administrators, and substance abuse professionals must provide when a driver:

- Tests positive for drugs or alcohol;
- Refuses drug and alcohol test; and
- Undergoes the return-to-duty drug and alcohol rehabilitation process.

**The following records will be collected and maintained in the Clearinghouse:**

- A verified positive, adulterated, or substituted drug test result.
- An alcohol confirmation test with a concentration of 0.04 or higher;
- A refusal to submit to any test required by Subpart C of Part 382.
- An employer's report of actual knowledge, as defined at §382.107, including:
  - On duty alcohol use pursuant to §382.205;
  - Pre-duty alcohol use pursuant to §382.207;
  - Alcohol use following an accident pursuant to §382.209; and
  - Controlled substance use pursuant to §382.213;
- A substance abuse professional report of the successful completion of the return-to-duty process; and
- An employer's report of completion of follow-up testing.

The Clearinghouse will aid the Company in learning of a driver's need to start or continue with the necessary steps in the DOT return-to-duty process (i.e., Substance Abuse Professional (SAP) program) in order to operate a commercial motor vehicle (CMV).

**FMCSA requires motor carrier employers to:**

- Query the Clearinghouse for information on CDL driver applicants; and
- Conduct annual queries for all current CDL drivers.

Before the Employer may gain access to the information in the Clearinghouse, the CDL driver must grant consent. Failure to provide consent will prevent the Employer from using the CDL driver in a safety-sensitive function.

### RECEIPT OF POLICY

I acknowledge that I have received a copy of the Employer's addendum to its DOT Drug & Alcohol Policy

Driver's Full Name (printed): \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

