



# FORM 413 / 301

## REQUEST FOR DRUG AND ALCOHOL TESTING INFORMATION FROM PREVIOUS EMPLOYERS in accordance with 49 CFR 382.413 and 49 CFR 40.25 AND FOR PRE-EMPLOYMENT TEST EXEMPTION in accordance with 49 CFR 382.301(b)

PURPOSE OF THIS FORM: (A) Under 49 CFR 382.413 which refers to 49 CFR 40.25 of the DOT regulations, previous employers MUST provide information regarding any violations of the regulations, specifically, any alcohol tests with a result of 0.04 or greater, any verified positive drug tests and any refusals to be tested (including verified adulterated or substituted drug test results), as well as information on whether the employee completed the required assessment and requalification provisions under the regulations in accordance with 49 CFR Part 40 Subpart O. (B) (I) Under 49 CFR 382.301(b) a prospective employer is not required to administer a pre-employment drug test on hiring a driver if he/she can verify the prospective driver's previous participation in a compliant testing program [382.301(c)(1)]. An employer can exercise this exemption if he contacts the testing program and obtains the information below. (II) Under 49 CFR 382.301(c)(2) an employer who hires a temporary or contract driver participating in a testing program administered by another entity must verify the driver's participation in a compliant testing program. If a driver is used periodically, the information must be updated every 6 months.

Name (print) \_\_\_\_\_ (SIN) \_\_\_\_\_ has applied to our company for a safety-sensitive position as outlined in 49 CFR 382.107. In compliance with DOT regulations 49 CFR 382.413, 49 CFR 40.25 and 382.301, we are hereby requesting information regarding this individual's involvement with your company's drug and alcohol testing program. A consent for the release of this information follows.

### APPLICANT/DRIVER CONSENT

<b>TO:</b> [Previous Employer]	Date: _____
Company: _____	Phone: _____ Fax: _____
Address: _____	
Designated Employer Representative: _____	
<p>In accordance with 49 CFR 382.405(f), by my signature below I authorize you and/or your Third Party Administrator to release any and all information regarding drug and alcohol testing done on myself including any and all information on this form and responses to questions set out on this form, while in your employment, acting as your agent, under contract with you, or acting as your representative in any capacity during the preceding three years from the above date. This information is to be released to the prospective employer named below and/or to their Third Party Administrator.</p>	
<b>FROM:</b> [Prospective Employer]	
Company: _____	Phone: _____ Fax: _____
Address: _____	
Attention: _____	
<p>I also understand that I have the right, under 49 CFR 391.23(i) and (j), to review information provided by previous employers; to have errors in the information corrected by the previous employer and to have that employer re-send the corrected information to the prospective employer; to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and myself cannot agree on the accuracy of the information.</p>	
Applicant Name (Print): _____	Applicant's SIN/Employee ID: _____
Applicant Signature «driver»: _____	Date: _____

*Previous Employer &/or TPA - Please complete the following sections as per indicated below (& return this document to prospective employer):*

Sections (1) and (2) below are for the pre-employment exemption in accordance with 49 CFR 382.301.

Sections (1) and (3) below are the request for drug and alcohol testing information in accordance with 49 CFR 382.413 and 49 CFR 40.25.

Please check off if section (2) for the pre-employment exemption is not required.

Applicant Name (Print): \_\_\_\_\_

(1) Was the applicant subject to drug and alcohol testing under DOT regulations?  Yes  No

**(2) For pre-employment testing exemption under 49 CFR 382.301:**

Date employee enrolled in program \_\_\_\_\_ (mm/dd/yy).  
Employee's ending date of participation to program \_\_\_\_\_ (mm/dd/yy).  
Program complies with DOT requirements?  Yes  No  
Date of last drug test \_\_\_\_\_ (mm/dd/yy)

**DRUG & ALCOHOL TEST RESULTS or any other violation of 49 CFR 382**

**Subpart B** (last 6 months).

Date _____ (mm/dd/yy)	Type of Test _____	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative
Date _____ (mm/dd/yy)	Type of Test _____	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative
Date _____ (mm/dd/yy)	Type of Test _____	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative

Comments: \_\_\_\_\_

**(3) For verification of driver's participation in a compliant testing program under 49 CFR 382.413 & Part 40.25**

**TESTING HISTORY**

1. Has this person ever tested positive, as verified by an MRO, for a controlled substance test in the last 3 years?  Yes  No
2. Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last 3 years?  Yes  No
3. Has this person ever refused a DOT required test for drugs or alcohol in the last 3 years (including verified adulterated or substituted drug test results)?  Yes  No
4. Do you have knowledge of any other violation by this driver, under 49 CFR Subpart B or of any other DOT agency drug and alcohol testing regulation within the last 3 years (including all information you received from a previous employer)?  Yes  No
5. If YES to any of the above, did the person comply with referral and rehabilitation requirements of the Substance Abuse Professional:
  - a) Was the person referred to a SAP?  Yes  No  
If employment with your company continued:
  - b) Was the person evaluated by the SAP?  Yes  No
  - c) If yes, did the SAP recommend treatment and/or education?  Yes  No
  - d) Did the person complete the treatment and/or education as determined by the SAP?  Yes  No
  - e) Did the person undergo a return-to-duty test?  Yes  No
  - f) If yes, was the return-to-duty test negative?  Yes  No
  - g) Did the SAP recommend follow-up testing?  Yes  No
  - h) Did the person complete the follow-up testing?  Yes  No

**\*If applicable**, please submit copy of documentation of completion of return-to-duty and follow-up testing records.

I confirm that the above information is accurate.

\_\_\_\_\_  
Name of Company Rep (Print)

\_\_\_\_\_  
Company

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date