

Max Trans, LLC

**ALCOHOL AND CONTROLLED SUBSTANCE
CONSENT FORM**

Pre-Employment, Random, Post Accident, Reasonable Suspicion, and
Re-Certification Urinalysis

I understand that as required by the Federal Motor Carrier Safety Regulations (FMSCR), Title 49, United States Code of Federal Regulation, Sections 382 and 391 and company policy, all prospective drivers must submit to controlled substances test. These regulations also apply to drivers selected at random to take an alcohol or drug test as required by part 382 of FMCSR. Drug tests are also required on drivers upon re-certification.

Alcohol testing will be conducted in accordance with Part 382 of the FMCSR, Controlled Substance, and Alcohol Use Testing pamphlet and company policy.

A urine sample will be collected and tested for controlled substances.

I also understand that if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle.

The results of the drug test will be maintained by the Medical Review Officer for the company who will report whether the test results were negative or positive, and if positive, the identity of the controlled substance for which the test was positive. The results will not be released to any additional parties without my written authorization; however, I hereby authorize the Company to release any drug test results to any Federal or State agency, as requested/required by that agency and inquiring parties for other employment.

I hereby agree to submit to an Alcohol test and/or a Drug Screen Urinalysis.

Print Applicant's Name

Date

Applicant's Signature

DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

CFR Part 40.25(j) requires the employer to ask any applicant, whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol rules during the past three years. If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of the return-to-duty process. (See Section 40.25(b)(5) and (e).

Applicant Name: _____ ID Number: _____
(Please Print)

As an applicant, applying to perform safety-sensitive functions for our company, you are required by CFR Part 40.25(j) to respond to the following questions.

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years?

Yes No

2. If you answered yes, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?

Yes No

My signature below certifies that the information provided is true and correct.

Applicant Signature: _____ Date: _____

Company Name _____

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Print name

Social Security number

**Certification of Compliance With Driver License Requirements
For
Commercial Drivers**

Section A
Driver/Applicants please read

By State and Federal Motor Carrier Safety Regulations 49 CFR §383 and §391, all commercial drivers operating motor vehicles with a Gross Vehicle Weight Rating (GVWR) of 10,001 lbs. or greater, operating vehicles designed to transport 15 or more passengers, or transporting hazardous materials in a great enough quantity to require placarding (1) must possess the correct license type for the vehicles they operate including the proper endorsements (2) may possess only one drivers license and (3) this license must be valid and not under suspension, revocation or cancellation.

Section B
Completed by Driver/Applicants

By your signature, you are indicating that you are in compliance with the Federal Motor Carrier drivers license regulations and understand the conviction reporting regulations stated in this Section.

1. Single license requirement:

By State and Federal Motor Carrier Safety Regulations, 49 CFR §383.21(a), a commercial driver may possess no more than one valid drivers license. A commercial driver may have no other drivers licenses in any other state under his/her name and SSN which are still officially active other than the one in current possession.

2. Legal action/suspension/revocation of license

It is the legal responsibility of a commercial driver to divulge information to his/her employer or potential employer concerning legal action against his/her Commercial Drivers License, or the suspension/revocation of his/her drivers license.

The following license is in force and the only one I possess

Drivers license number _____ State _____ Expiration date _____

3. Conviction reporting requirements:

I understand that, by **State and Federal Motor Carrier Safety Regulations 49 CFR§ 383.31 & §391.15**, I am required to:

- (a) report to my employer by the **next business** day the **suspension, revocation or cancellation** of my drivers license.
- (b) report to my employer within **30 days**, the conviction of any traffic offenses (other than parking tickets) in any state and in any type of vehicle, commercial or private.
- (c) report traffic convictions I receive in any other state to the state which issued my license within 30 days of conviction.

Drivers name (please print) _____

Signature _____ Date _____