



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

I, _____ hereby provide consent to _____ to conduct limited queries of the FMCSA Commercial Driver’s License Drug and Alcohol Clearinghouse annually during the duration of my employment to determine whether any drug or alcohol violation information exists on my name in the Clearinghouse database.

I understand that if the limited query conducted by _____ indicates that drug or alcohol violation information exists on my name in the Clearinghouse, FMCSA will not disclose that information to _____ without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for _____ to conduct a limited query of the Clearinghouse, _____ must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA’s drug and alcohol program regulations.

Print Employee Name

Employee Signature

Date