



**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