

## 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 to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that \_\_\_\_\_ may conduct limited queries as a condition of my employment, driving a commercial motor vehicle, for the duration of my employment.

I understand that if the limited query conducted by \_\_\_\_\_ indicates that drug or alcohol violation information about me exists 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.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

