Driver Consent for Annual Limited Query

| Your Company Name | Today's Date |
|---|---|
| As stipulated in FMCSA rule §382.701 Drug and Alcohol Clearinghouse In lieu of a full query, an employer may obtain the individual driver's consent to conduct a limited query to satisfy the annual query requirement. The limited query will tell the employer whether there is information about the individual driver in the Clearinghouse but will not release that information to the employer. The individual driver may give consent to conduct limited queries that is effective for more than one year. | |
| If the limited query shows that information e individual driver, the employer must conduct the limited query. If the employer fails to cor employer must not allow the driver to continuatil the employer conducts the full query an Clearinghouse record contains no prohibitions. | a full query, within 24 hours of conducting aduct a full query within 24 hours, the ue to perform any safety-sensitive function |
| The driver needs to register in the Clearinghouse and provide consent in the Clearinghouse for a full query to be fulfilled. If the driver fails to register and consent for the full query, the employer must not allow the driver to continue to perform any safety-sensitive function until the employer is able to conduct the full query and the results confirm that the driver's Clearinghouse record contains no prohibitions. | |
| I hereby consent to the employer listed above to perform unlimited limited queries to the FMCSA Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse. | |
| I understand that if the limited query conducted by the Company indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to the Company without first obtaining additional specific | |
| consent. I further understand that if I refuse to provid a limited query of the Clearinghouse, (Compa performing safety-sensitive functions, including required by FMCSA's drug and alcohol programmer. | any Name) must prohibit me from ng driving a commercial motor vehicle, as |
| This consent is valid for a period of five yea company is terminated. | rs or until my employment with the |
| Driver First Name: | Last Name: |
| CDL Number: | CDL State of Issue: |
| Driver Date of Birth: | _ |
| Driver Signature: | |