

Authorization to Release

DOT Drug & Alcohol Results & Safety Performance History

(As required by 49 CFR Parts 40.25 and 391.23)



Applicant/Employee: _____ **LAST 4 SSN:** _____ **DOB:** _____

Company: Altitude Energy, LLC

I understand that as a condition of hire with the above named "Company", that I must consent to releasing my safety performance history as required by FMCSA, including the release of all DOT mandated drug and alcohol information from all of the employers (and, if applicable, their respective agents or consortium/third-party administrators) for which I worked in a DOT safety-sensitive position, or for which I took a DOT pre-employment drug test, during the previous three (3) years as required by Part 391.23 for any driver of a commercial motor vehicle. PTC Assist LLC, acting as the service agent/representative for the hiring Company, will receive the information.

_____ **(Y/N)** Have you worked in a DOT safety-sensitive position for a DOT regulated company OR taken a DOT pre-employment Drug or alcohol test in the past three years?

_____ **(Y/N)** Have you tested positive, or refused to test, on a DOT pre-employment drug or alcohol test for an employer who did not hire you in the past three years? (If YES, indicate below.)

I hereby authorize the following previous employer/company (and, if applicable, their respective agents or consortium/third-party administrators) to furnish to PTC Assist my safety performance history as required by Section 391.23 of the Federal Motor Carrier Safety Administration regulations and the following DOT information:

1. Any DOT alcohol tests with a result of 0.04 or greater;
2. Any DOT verified positive drug test results;
3. Refusals to be tested (incl. adulterated or substituted results);
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a DOT drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a DOT rule violation.

Previous DOT Employer: _____

Address: _____ **City:** _____ **St:** _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Contact: _____

Job Position: _____ **Dates of Employment:** _____ to _____

(Complete additional form for each previous DOT employer in last 3 years)

Signature of Applicant/Employee

Date

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Signature of Applicant/Employee

Date



VIII. Appendix A - Acknowledgement/Receipt Form

I acknowledge, by signing this form, that my full compliance with the Anti-Drug and Alcohol Misuse Prevention Plan (the “Plan”) and DOT drug and alcohol regulation requirements is a condition of my initial and continued employment with the Company. I understand and agree that I may be discharged or otherwise disciplined for any drug and/or alcohol violation, committed by me, as cited in the Plan and/or in the DOT drug and alcohol regulatory requirements.

I also acknowledge, by signing this form, that a copy of the Plan has been made available to me and that I have read and understand the requirements of the Company and DOT drug and alcohol program. I have also been provided with informational material on the dangers and problems of drug abuse and alcohol misuse.

Signed, this the _____ day of _____, 20_____.

Employee Name (Please Print)

Employee Signature



Appendix - B

ALTITUDE ENERGY, LLC

Acknowledgment, Waiver, Agreement & Receipt of Substance Abuse Policy & Procedures

I, the undersigned employee of ALTITUDE ENERGY, LLC, hereby certify that I have been furnished with a copy of the ALTITUDE ENERGY, LLC Substance Abuse Policy & Procedures and that I have read and understand same. I further certify that I have been provided with informational material, education and training on the dangers and problems of drug and alcohol misuse.

I am fully aware, and agree that I may be discharged or otherwise disciplined for any violation by me of said Substance Abuse Policy & Procedures, for any failure or refusal to provide urine and/or breath specimens when requested by my employer, for the failure or refusal to identify and certify same, for the failure to cooperate with the forms and other documents, and/or for any other failure or refusal to cooperate with my employer in its said Substance Abuse Policy & Procedures.

Executed this the _____ day of _____, 20_____.

Employee Name (Please Print)

Employee Signature

Employee ID # (last 4 digits)