

**FAA/Drug Abatement Division's Suggested  
"Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing"  
for Aviation Employers**

**Section I. To be completed by the new aviation employer, signed by the safety-sensitive employee, and transmitted to the previous DOT-regulated employer:**

Employee Printed or Typed Name: \_\_\_\_\_

Employee SS or ID Number: \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the aviation employer listed in *Section I-A*. This release is in accordance with DOT regulation 49 CFR Part 40, § 40.25 and FAA regulation 14 CFR part 120. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I-A.**

New Aviation Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Designated Employer Representative: \_\_\_\_\_

**I-B.**

Previous Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Designated Employer Representative (if known): \_\_\_\_\_

**Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:**

**II-A.** While employed ~

- |   |                        |
|---|------------------------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher?                                   | YES ___ NO ___         |
| 2. Did the employee have verified positive drug tests?  | YES ___ NO ___         |
| 3. Did the employee refuse to be tested?  | YES ___ NO ___         |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?             | YES ___ NO ___         |
| 5. Did a previous employer or the employee report a drug and alcohol rule violation to you?               | YES ___ NO ___         |
| 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | N/A ___ YES ___ NO ___ |

**NOTE: If you answered "yes" to any of the above items, you must provide the records concerning the result, violation and/or return-to-duty documentation (e.g., SAP report(s), follow-up testing results, etc.).**

**II-B.**

Name and Title of person providing information in *Section II-A*: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_