

{PUT ON YOUR LETTERHEAD}

I _____ allow my previous employer, _____ to verify the following and provide the results to my perspective employer listed below.

Signature of CDL Driver

Printed Name of CDL Driver

CDL Holder Name	Date removed from FMCSA pool	Were there any Drug and Alcohol Testing Violations within the last 6 months? (Yes or No) If "Yes" provide date:	Date of Last DOT Test

Note: Per Part 382 regulations, any tests for the past six months results must be attached.

Please complete the following:

Company Name: _____

Address of Company where records are held: _____

By signing this form, I verify the CDL driver listed above had been in a continuous FMCSA random testing pool that conforms to 49 CFR Part 40 and FMCSA Part 382 regulations until date listed above. Additionally, I verify the driver listed above was qualified to be in the FMCSA testing program with no drug, alcohol or refusal to test.

Signature of Previous DER

Printed name of Previous DER

Date of Verification

Please submit the completed form to:

Perspective Employer: _____

Attention to DER name: _____

Address: _____

Email Address: _____

Phone Number: _____