

## REPORT OF DOT/FAA-RELATED DRUG/ALCOHOL REFUSAL

I am notifying you of a refusal to submit to Department of Transportation drug and/or alcohol testing by the following individual.

Company Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Position or Position Applied For: \_\_\_\_\_

Employee Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Type of Test:

- Pre-Employment
- Random
- Post-Accident
- Reasonable Cause (Drug)
- Reasonable Suspicion (Alcohol)
- Return-to-Duty
- Follow-Up

Date of Refusal: \_\_\_\_\_ ▶ Type of :   Drug  Alcohol  Both

Circumstances:  Adulteration  Substitution  Shy Bladder  Other: \_\_\_\_\_

I have enclosed the following:

- Federal Drug Testing Custody and Control Form (CCF)
- Federal Alcohol Testing Form (ATF)
- Supporting statements and/or documentation

\_\_\_\_\_  
Signature of Notifying Individual Date

\_\_\_\_\_  
Printed Name Title  Telephone Number

Please submit this form to the FAA's Drug Abatement Division, Special Investigations Branch:

Email to [aam830@faa.gov](mailto:aam830@faa.gov) OR Fax to (202) 267-5200