**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 #:

Designated Employer Representative:

**I-B.**

Fax #:

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**

2. Did the employee have verified positive drug tests? **YES**

3. Did the employee refuse to be tested? **YES**

4. Did the employee have other violations of DOT agency drug and

alcohol testing regulations? **YES**

5. Did a previous employer or the employee report a drug and alcohol rule

violation to you? **YES**

6. If you answered “yes” to any of the above items, did the

**NO NO NO**

**NO NO**

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: