

**PALLETIZED TRUCKING INC
2001 COLLINGSWORTH ST.
HOUSTON, TX 77009**

DRIVER APPLICATION FOR EMPLOYMENT

Applicants Name _____ Date of Application _____

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, or any other status protected by State or Federal Law.

TO BE READ AND SIGNED BY APPLICANT

I authorize Palletized Trucking Inc., to make such investigations and inquiries of my personal, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release past employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

I understand and agree that this application does not constitute a contract of employment. I further understand that if employed by Palletized Trucking Inc., my employment will be at-will, and can be terminated with or without cause or notice by either myself or Palletized Trucking Inc. I also understand and agree that no representative of the company has any authority to enter into an agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized representative of the company.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I further understand that I am required to abide by the Rules and Regulations of Palletized Trucking Inc.

I understand that information I provide regarding current and/or previous employment may be used, and those previous employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49CFR§391.23(d) and (e). I understand that I have the right to:

Review information provided by previous employers;

Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to Palletized Trucking Inc.

Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information

Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ FLEET ASSIGNMENT _____
(If rejected, summary report of reasons should be placed in file)

FOR PALLETIZED TRUCKING INC. BY: _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____

BECAME OWNER/OPERATOR [] DISMISSED [] VOLUNTARILY QUIT [] OTHER [] _____

TERMINATION REPORT PLACED IN FILE [] SAFETY DIRECTOR'S SIGNATURE _____

DRIVER APPLICANT TO COMPLETE

(Answer all questions - please print)

Position(s) Applied for _____

Full Name: _____ Social Security No.: _____
Last First Middle or Maiden

List your addresses of residency for the past three years:

Current Address: _____
Street City
State Zip Code Phone Number How Long
yr. / mo.

Previous Address: _____
Street City State Zip Code How Long
yr. / mo.

Previous Address: _____
Street City State Zip Code How Long
yr. / mo.

If hired, you will be required to provide proof of your legal right to work in the United States of America.

Can you provide proof that you are over 18 years of age? (Circle One) YES / NO Date of Birth (Required for Commercial Drivers) _____

CDL No.: _____ Class _____ State _____ Endorsements _____

Hazardous Material (HAZMAT) Endorsement? (Circle One) YES / NO TWIC? (Circle One) YES / NO

Have you ever applied to this company before? If yes, when? _____

Have you worked for this company before? _____ What Location / Division? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been convicted of a felony? _____ Have you ever been convicted of driving under the influence of alcohol? _____

If yes, please explain fully on a separate piece of paper. Conviction of a crime is not an automatic bar to employment, all circumstances will be considered. By company policy any person convicted of driving under the influence of alcohol will not be considered for employment for a position involving operating a vehicle owned or leased by Palletized Trucking Inc.

Have you ever tested positive, or refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied and was not hired during the past three (3) years? (Circle One) YES / NO

Can you perform the essential functions of the job with or without reasonable accommodation? If no, please describe the functions that cannot be performed below.

Have you ever been discharged from employment or had a lease agreement cancelled? (Circle One) YES / NO

Have you ever resigned after official notice that your work or conduct was unsatisfactory? (Circle One) YES / NO

WORK HISTORY

Federal Regulations require all driver applicants to provide the following information on all employers for which he/she has worked during the preceding three (3) years. Additionally, applicants must provide an additional seven (7) years information on those employers for whom the applicant operated a Commercial Motor Vehicle. TOTAL 10 YEAR WORK HISTORY.

NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary.

EMPLOYER INFORMATION			
NAME		DATES OF EMPLOYMENT	
ADDRESS		START DATE:	MONTH ____ YEAR ____
CITY, STATE, ZIP		END DATE:	MONTH ____ YEAR ____
POSITION HELD		SALARY / WAGE	\$
REASON FOR LEAVING			
CONTACT PERSON		CONTACT PHONE NO.:	
IN MY POSITION, I WAS SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? (Circle One) YES / NO			
MY POSITION WAS A SAFETY SENSITIVE FUNTION SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCE TESTING AS REQUIRED BY 49 CFR PART 40 (Circle One) YES / NO			

EMPLOYER INFORMATION			
NAME		DATES OF EMPLOYMENT	
ADDRESS		START DATE:	MONTH ____ YEAR ____
CITY, STATE, ZIP		END DATE:	MONTH ____ YEAR ____
POSITION HELD		SALARY / WAGE	\$
REASON FOR LEAVING			
CONTACT PERSON		CONTACT PHONE NO.:	
IN MY POSITION, I WAS SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? (Circle One) YES / NO			
MY POSITION WAS A SAFETY SENSITIVE FUNTION SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCE TESTING AS REQUIRED BY 49 CFR PART 40 (Circle One) YES / NO			

EMPLOYER INFORMATION			
NAME		DATES OF EMPLOYMENT	
ADDRESS		START DATE:	MONTH ____ YEAR ____
CITY, STATE, ZIP		END DATE:	MONTH ____ YEAR ____
POSITION HELD		SALARY / WAGE	\$
REASON FOR LEAVING			
CONTACT PERSON		CONTACT PHONE NO.:	
IN MY POSITION, I WAS SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? (Circle One) YES / NO			
MY POSITION WAS A SAFETY SENSITIVE FUNTION SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCE TESTING AS REQUIRED BY 49 CFR PART 40 (Circle One) YES / NO			

EMPLOYER INFORMATION			
NAME		DATES OF EMPLOYMENT	
ADDRESS		START DATE:	MONTH ____ YEAR ____
CITY, STATE, ZIP		END DATE:	MONTH ____ YEAR ____
POSITION HELD		SALARY / WAGE	\$
REASON FOR LEAVING			
CONTACT PERSON		CONTACT PHONE NO.:	
IN MY POSITION, I WAS SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? (Circle One) YES / NO			
MY POSITION WAS A SAFETY SENSITIVE FUNTION SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCE TESTING AS REQUIRED BY 49 CFR PART 40 (Circle One) YES / NO			

EMPLOYER INFORMATION			
NAME		DATES OF EMPLOYMENT	
ADDRESS		START DATE:	MONTH ____ YEAR ____
CITY, STATE, ZIP		END DATE:	MONTH ____ YEAR ____
POSITION HELD		SALARY / WAGE	\$
REASON FOR LEAVING			
CONTACT PERSON		CONTACT PHONE NO.:	
IN MY POSITION, I WAS SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? (Circle One) YES / NO			
MY POSITION WAS A SAFETY SENSITIVE FUNTION SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCE TESTING AS REQUIRED BY 49 CFR PART 40 (Circle One) YES / NO			

EMPLOYER INFORMATION			
NAME		DATES OF EMPLOYMENT	
ADDRESS		START DATE:	MONTH ____ YEAR ____
CITY, STATE, ZIP		END DATE:	MONTH ____ YEAR ____
POSITION HELD		SALARY / WAGE	\$
REASON FOR LEAVING			
CONTACT PERSON		CONTACT PHONE NO.:	
IN MY POSITION, I WAS SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? (Circle One) YES / NO			
MY POSITION WAS A SAFETY SENSITIVE FUNTION SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCE TESTING AS REQUIRED BY 49 CFR PART 40 (Circle One) YES / NO			

A "Commercial Motor Vehicle" is defined as one having a gross vehicle weight of 10,001 pounds or more; designed to transport more than 9 people (including the driver); or transporting hazardous materials in quantities requiring the vehicle to be placarded.

MILITARY SERVICE INFORMATION:

Branch _____ Dates: From _____ To _____

EDUCATION INFORMATION:

<u>EDUCATIONAL INSTITUTION</u>	<u>LOCATION</u>	<u>COURSE</u>	<u>GRADUATE</u>
			YES / NO
			YES / NO
			YES / NO
			YES / NO

ACCIDENT RECORD: (List for past 3 years or more. If none, write "none".) Attach sheet if more space is needed.

DATE	NATURE OF ACCIDENT	INJURIES	FATALITIES	HAZMAT SPILL

TRAFFIC CONVICTIONS AND FORFITURES OF BOND OR COLLATERAL: (List for the past 3 years (other than parking). If none, write "none".)

LOCATION (CITY & STATE)	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS – DRIVER (List all Drivers License held in the past 3 years)

STATE	LICENSE NO.	CDL TYPE / ENDORSEMENTS			EXPIRATION DATE
		A _____	B _____	C _____	___/___/___
		A _____	B _____	C _____	___/___/___
		A _____	B _____	C _____	___/___/___

- A. Have you been denied a license, permit or a privilege to operate a motor vehicle? (Circle One) YES / NO
 B. Has any license, permit or privilege been suspended or revoked? (Circle One) YES / NO

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

Have you been disqualified from operating a Commercial Motor Vehicle (CMV) in any of the following circumstances?

CIRCUMSTANCE	YES	NO
Driving a CMV when your Blood Alcohol Concentration (BAC) was 0.04 or greater?		
Driving under the influence of alcohol, as prescribed by State Law?		
Refusal to undergo such alcohol testing as required any State or Jurisdiction?		
Driving a CMV while under the influence of a controlled substance?		
For the transportation, possession or unlawful use of a controlled substance while on duty as a driver of a commercial Motor vehicle?		
Because you left the scene of an accident while you were operating a commercial motor vehicle?		
Because of a felony involving the use of a commercial motor vehicle?		

How long have you operated the following?

Straight Trucks _____

Tractor and Semi-Trailers _____

Oil field Winch Trucks _____

Tractor and Twins _____

Tractor and Full Trailers _____

Pickups/Gooseneck _____

Length of time you have transported:

General Freight _____

Perishables _____

L TL Freight _____

Machinery & Heavy Cargo _____

Hazardous Materials _____

Other (Specify) _____

List all States in which you have operated in the last five- (5) years: _____

List any courses or training that will help you as a driver: _____

What Safe Driving awards do you hold and from whom? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

Show any trucking, transportation or other experience that may help in your work for Palletized Trucking Inc. _____

List courses and training not shown elsewhere in this application _____

List any equipment or technical materials you can work with (other than those already shown) _____

APPLICANT CERTIFICATION

(MUST BE READ AND SIGNED BY APPLICANT)

This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature _____ Date _____

TO BE COMPLETED BY AUTHORIZED PERSONNEL ONLY

NOTES: _____

To: _____

From: SoniaMendez, Palletized Trucking Inc. Safety Dept.

Attn: _____

Phone: 713-490-6816

Fax: _____

Return Fax: 713-220-9804

Name: _____	SS#: _____
-------------	------------

I authorize Palletized Trucking Inc. to make such investigations of my employment / lease and personal history and other related matters as may be necessary in arriving at a contract decision. I hereby release all employers and other persons from any liability in responding to inquiries and releasing information in connection with my application to provide Independent Contractor Services. In the event of a contract, I understand that false or misleading information given by me may result in the termination of my contract. In compliance with 49CFR 40.25(g) and 391.23(h), I authorize release of this information to Palletized Trucking Inc. for the purpose of entering into an Independent Contractor Agreement.

Signature: _____	Date: _____
------------------	-------------

Employment/Lease Dates: _____ to _____ & _____ to _____ & _____ to _____

Eligible for Re-Hire Yes No Upon Review

<u>Type of Work</u>	<u>Equipment Operated</u>	<u>Experience/Areas Driven</u>	<u>Commodities Hauled</u>
<input type="checkbox"/> Company Driver	<input type="checkbox"/> Tanker <input type="checkbox"/> Pneumatic	<input type="checkbox"/> Local	<input type="checkbox"/> Hazmat
<input type="checkbox"/> Owner Operator	<input type="checkbox"/> Reefer <input type="checkbox"/> Double Trailer	<input type="checkbox"/> Regional	<input type="checkbox"/> General
<input type="checkbox"/> Driver for O/O	<input type="checkbox"/> Dry Van <input type="checkbox"/> Dump Trailer	<input type="checkbox"/> Mountain	<input type="checkbox"/> Refrigerated
<input type="checkbox"/> Trainee	<input type="checkbox"/> Container <input type="checkbox"/> End/Belly Dump	<input type="checkbox"/> Over the road	<input type="checkbox"/> Oversized Loads
<input type="checkbox"/> Non-Driver	<input type="checkbox"/> Straight <input type="checkbox"/> Flat Bed	<input type="checkbox"/> Driver Trainer/Instructor	<input type="checkbox"/> Household Goods
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Did the driver have any accidents in the past 3 years? No Yes, please explain below

<u>Dates</u>	<u>Preventable?</u>	<u>DOT Reportable?</u>	<u>Description</u>
___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

<u>Reason for leaving</u>	<u>Work Record</u>	
<input type="checkbox"/> Resigned with Notice	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Company Policy Violation _____
<input type="checkbox"/> Resigned W/out Notice	<input type="checkbox"/> Above Average	<input type="checkbox"/> Late Pickup/Delivery
<input type="checkbox"/> No Show	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Excessive Complaints
<input type="checkbox"/> Quit Under Dispatch	<input type="checkbox"/> Log Violations	<input type="checkbox"/> Insubordination
<input type="checkbox"/> Terminated/Disqualified	<input type="checkbox"/> Unauthorized Use	<input type="checkbox"/> Personal Contact Required Below:
<input type="checkbox"/> Other _____	<input type="checkbox"/> Tardiness/Absenteeism	Name: _____ Phone: _____

If the driver was not subject to FMCSR alcohol and controlled substance testing requirements while employed by this employer, please check here _____.

1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? Yes___ No___
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substance? Yes___ No___
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? Yes___ No___
4. Has this person committed other violations of FMCSR that pertain to alcohol and controlled substance testing? Yes___ No___

Completed by: (Signature) _____ Date: _____

Print Name: _____ Title: _____

Palletized Trucking Inc. Motor Vehicle Driver Certification

I certify that the following is a true and complete listing of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

DATE	OFFENSE	LOCATION	VEHICLE TYPE OPERATED

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violations required to be listed during the past 12 months.

Signature: _____

Certification Date: _____

Reviewed By: _____

Title: _____

Annual Review of Driving Record [Part 391.25]

This day I reviewed the driving record of the above named employee driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the employee driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Material Regulations. I considered the employee drivers accident record and any evidence that he/she has violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs, that indicate that the employee driver has exhibited a disregard for the safety of the public.

**PALLETIZED TRUCKING INC.
2001 COLLINGSWORTH ST.
HOUSTON, TX 77009**

Safety Dept. Rep. Signature: _____

Date: _____

**AUTHORIZATION TO OBTAIN DRIVING AND SAFETY INSPECTION
HISTORY FROM THE FMCSA**

In connection with your employment with Palletized Trucking Inc., Palletized Trucking Inc. may obtain one or more reports regarding your driving and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If Palletized Trucking Inc. uses any information from the FMCSA in a decision not to offer you a position or to make any other adverse employment decision regarding you, Palletized Trucking Inc. will provide you a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. Palletized Trucking Inc. cannot obtain such background reports without your written consent. If you consent for Palletized Trucking Inc. to obtain such background reports, please read the following and sign below.

I hereby authorize Palletized Trucking Inc. to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash date from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist Palletized Trucking Inc. to make a determination regarding my suitability as an employee.

I further understand that neither Palletized Trucking Inc. nor the FMCSA contractor supplying the crash and safety inspection data has the capability to correct any safety data that appears to be incorrect. I understand that I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQ system to the appropriate State for adjudication.

I have read the above notice regarding background reports provided to me by Palletized Trucking Inc. and I understand that if sign this consent form, Palletized Trucking Inc. may obtain a report of my crash and inspection history. I hereby authorize Palletized Trucking Inc. and its employees, authorized agents and/or affiliates to obtain the information authorized above.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

DOT D/A Release and Disclosure-Trucking Industry
Fax #: 800.267.4093 (Manual Service)
Fax#: 800.257.8069 (Database Retrieval)
Send to Fax#: 800.257.8069

From: Sonia Mendez, Safety Dept.
Company Name: Palletized Trucking Inc.
Company Fax #: 713.220.9804
HireRight Account Code: **PALLE**

**Part I-DISCLOSURE & AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYEMENT /
INDEPENDENT CONTRACTOR PURPOSES – 49 CFR 391.23, DOT DRUG & ALCOHOL TESTING**

I AUTHORIZE, PER 49 CFR Part 391.23, the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed below to USIS for the sole purpose of transmitting such records to the above listed Carrier. I authorized release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug test; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of a return-to –duty process following a rule violation.

The information that I have authorized USIS to review involves tests required by DOT. If any carrier (company/school) listed below furnished USIS with information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Print Name: _____ Signature: _____

Social Security #: _____ Date: _____

PART II- CONSUMER REPORT DISCLOSURE AND RELEASE

In connection with your employment, consumer reports may be requested from USIS Commercial Services (“USIS”). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, and drugs/alcohol use. Such reports may contain public record information concerning your driving record, workers’ compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from USIS concerning previous driving record requests made by others from such state agencies & state provided driving records.

You have the right to make a request to USIS, upon proper identification, to request the nature & substance of all information in its files on you at the time of your request, including the sources of information & the recipients of any reports on you that USIS has previously furnished within the **three-year period** preceding your request. USIS may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

I AUTHORIZE, WITHOUT RESERVATION, USIS, AND ANY PARTY OR AGENCY CONTACTED BY USIS, TO FURNISH THE ABOVE-MENTIONED INFORMATION.

THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION OBTAINED UNDER PART I.

I hereby consent to your obtaining the above information from USIS, and I agree that such information which USIS has or obtains, and my employment history (**not DOT Drug and Alcohol information without a specific consent by me**) with you if I am hired, will be supplied by USIS to other companies, which subscribe to USIS. I hereby authorize procurement of consumer report(s). If hired or contracted this authorization, for Part II reports only, shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment or contract period.

Print Name: _____ Signature: _____

Social Security #: _____ Date: _____



RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST.

1. This form must be completed in full and include the driver's original signature.
2. Deliver, mail or FAX the completed form to:

**Texas Department of Public Safety
Motor Carrier Bureau, MSC# 0521
6200 Guadalupe, Building P
Austin, Texas 78752-4019
Facsimile: 512-424-5310**

I, _____ ,
Print Name of CDL Holder

of _____ ,
Print Address of CDL Holder

authorize release of the CDL holder's reported positive alcohol or controlled substance test results reported under state law

to _____ ,
Print Name

of _____ ,
Print Address

Driver License Number: _____ State: _____ Date of Birth: _____

If you would like information about how to receive responses by e-mail in the future, please check this box:

Signature of Driver:

Date:

X

If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address: <http://www.txdps.state.ts.us/forms/index.htm>.