

**General Consent for Limited Queries of the Federal Motor Carrier Safety
Administration (“FMCSA”) Drug and Alcohol Clearinghouse**

I hereby provide consent to (Company Name) to conduct limited queries of the FMCSA Commercial Driver’s License Drug and Alcohol Clearinghouse (“Clearinghouse”) throughout the course of my employment to determine whether drug or alcohol violation information about me exists in the Clearinghouse. These limited queries may be performed by Validity Screening Solutions, PO Box 25406, Overland Park, KS 66225-5406, (866) 915-0792, www.validityscreening.com.

I understand that if a limited query conducted by (Company Name) indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to (Company Name) without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for (Company Name) to conduct limited queries of the Clearinghouse, (Company Name) must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA’s drug and alcohol program regulations.

Print Name _____

Employee Signature _____ Date _____