

“Release of Information Form – 49 CFR Part 40 Drug and Alcohol Testing”

SECTION 1: To be completed by the new employer, signed by the employee, and transmitted to the previous 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 furnish to Global Technical Services, (authorized agent for the employer listed in Section I-A.) This release is in accordance with DOT Regulation 49 CFR Part 40, § Section 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 Employer Name: GLOBAL TECHNICAL SERVICES, INC.

Address : C/O Abba Screen Inc. (Authorized Agent)

PO Box 2573

Decatur, TX. 76234

Deborah@AbbaScreen.com

Phone: (817) 703-7071 Fax#: 817-210-0406

I-B

Previous Employer Name: _____

Address: _____

Phone # _____

Designated Employer Representative (if known): _____

Dates of Employment: From : _____ To: _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the Authorized Agent:

II-A. In the two years prior to the date of the employee’s signature (in Section I) for DOT – regulated testing”

1. Did the employee have alcohol tests with a result of 0.04 or higher? Yes No
2. Did the employee have verified positive drug tests? Yes No
3. Did the employee refuse to be tested? Yes No
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? Yes No
5. Did a previous employer report a drug and alcohol rule violation to you? Yes No
6. If you answered “yes” to any of the above items, did the 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.).

Name of Person Providing Info in Sec. 2

Your Company

Date

Phone #

Job Title

**FAX COMPLETED FORM TO:
(817) 210-0406**