



**SECTION 1:** To be completed by the new employer, signed by the employee, and transmitted to the previous employer.

Employee Printed Name: \_\_\_\_\_ Employee SS or ID Number: [SSN] \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section 1-B, to the employer listed in Section 1-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 2-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: \_\_\_\_\_

**Section 1-A**

New Employer Name: Global Technical Services  
Address: 3455 NE Loop 820  
Fort Worth, TX 76137  
Phone: 817-234-9513 Fax: 817-210-0413  
Designated Employer Representative: Cambra Carpenter

**RETURN COMPLETED FORMS TO:**

Cambra Carpenter - ccarpenter@teamglobal.com

**Section 1-B \*\*\*\*Please complete one sheet for each previous DOT Employer for the previous 2 years\*\*\*\***

Previous Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Designated Employer Representative: \_\_\_\_\_  
Dates Of Employment: From \_\_\_\_\_ To \_\_\_\_\_

**APPLICANT - DO NOT WRITE BELOW THIS LINE**

Section 2: To be completed by previous employer regarding DOT Drug and Alcohol Testing

1. Did the employee have alcohol tests with a result of 0.04 or higher?
2. Did the employee have verified positive drug tests?
3. Did the employee refuse to be tested?
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?
5. Did a previous employer report a drug and alcohol rule violation to you?
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

N/A  
☐

**NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (ie.. SAP report(s), follow-up testing record).**

Name of Person Completing Section 2	Your Company Name	Date
Phone Number	Job Title	