

Information Required For CDL Drug & Alcohol Files

The following items are required in the D&A files for CDL Drivers:

1. Application for Employment (§391.21)
2. Safety Performance History Records Request (§40.25 and §391.23)
3. Previous Pre-employment Alcohol and Drug Test Statement (§40.25 (j))
4. Receipt of Company Drug and Alcohol Policy (§382.601 (d))
5. Pre-employment Drug Test Chain of Custody and Result Report (§382 Subpart C)

CDL Drivers: Drivers holding a CDL-class license and regularly or occasionally operating vehicles meeting any one of the following criteria:

- Has a gross vehicle weight rating of more than 26,000 pounds
- Has a gross combination weight rating of more than 26,000 pounds inclusive of a towed unit with a gross vehicle weight rating of more than 10,000 pounds
- Is designed to transport 16 or more passengers, including the driver
- Is any size, transporting hazardous materials requiring placards

These drivers are required to maintain Drug & Alcohol Files and are subject to DOT Drug & Alcohol Testing Regulations.

DRIVER APPLICATION

Company Name: _____ Location: Region/District/Branch: _____

Company Address: _____
Street City State Zip

TO BE READ AND SIGNED BY APPLICANT

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

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- 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: _____

Name: _____
Last First Middle

Social Security Number Phone Number Date of Birth Hire Date

Address: _____
Street City State Zip Number of Years

Past 3 Year
Residency: _____
Street City State Zip Number of Years

: _____
Street City State Zip Number of Years

Employment History

(Use Additional Employment History Information form if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record).

You are required to list the complete mailing address: street number and name, city, state and zip code.

Current or Last Employer Name: _____ Phone #: (_____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Position Held: _____ From: _____ To: _____
(month/year) (month/year)

Reasons for Leaving: _____

Were you subject to the FMCSRs** while employed: ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40: ☐ Yes ☐ No

*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: _____

Second Last Employer Name: _____ Phone #: (_____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Position Held: _____ From: _____ To: _____
(month/year) (month/year)

Reasons for Leaving: _____

Were you subject to the FMCSRs** while employed: ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40: ☐ Yes ☐ No

*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: _____

Third Last Employer Name: _____ Phone #: (_____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Position Held: _____ From: _____ To: _____
(month/year) (month/year)

Reasons for Leaving: _____

Were you subject to the FMCSRs** while employed: ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40: ☐ Yes ☐ No

*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: _____

*Any gaps in employment and/or unemployment must be explained.

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

PLEASE COMPLETE NEXT PAGE

Driving Experience

If no driving experience in the last 3 years, check here: ☐

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES	
		FROM	TO
Straight Truck	Van Reefer Tank Flat		
Tractor & Semi-Trailer	Van Reefer Tank Flat		
Tractor – Two Trailers	Van Reefer Tank Flat		
Tractor – Three Trailers	Van Reefer Tank Flat		
Motorcoach - School Bus (Greater than 8 passengers)	N/A		
Motorcoach - School Bus (Greater than 15 passengers)	N/A		
Other: _____	Van Reefer Tank Flat		

OR

APPROXIMATE NUMBER OF MILES

Accident History (3 years)

If no accidents in the last 3 years, check here: ☐

DATE (Month/Year)	NATURE OF ACCIDENT (head-on, rear end, upset, etc.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIALS SPILL
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

Traffic Convictions and Forfeitures (3 years)

If no traffic convictions and/or forfeitures in the last 3 years, check here: ☐

DATE CONVICTED (Month/Year)	VIOLATION (other than violations involving parking only)	STATE OF VIOLATION	PENALTY

License Information

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

_____	_____	_____
State	License Number	Expiration Date

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle: ☐ Yes ☐ No
If yes, give details: _____

B. Has any license, permit or privilege ever been suspended or revoked: ☐ Yes ☐ No
If yes, give details: _____

Applicant Certification

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.

Applicant's Signature

Date

This form is made available with the understanding that J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION

FOURTH LAST EMPLOYER: Name _____ Phone Number (____) _____ Street Address _____ City _____ State _____ Zip _____ Position Held _____ From _____ To _____ (month/year) (month/year) Reasons for Leaving _____ Were you subject to the Federal Motor Carrier Safety Regulations** while employed? ☐ Yes ☐ No Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No *ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____	
FIFTH LAST EMPLOYER: Name _____ Phone Number (____) _____ Street Address _____ City _____ State _____ Zip _____ Position Held _____ From _____ To _____ (month/year) (month/year) Reasons for Leaving _____ Were you subject to the Federal Motor Carrier Safety Regulations** while employed? ☐ Yes ☐ No Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No *ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____	
SIXTH LAST EMPLOYER: Name _____ Phone Number (____) _____ Street Address _____ City _____ State _____ Zip _____ Position Held _____ From _____ To _____ (month/year) (month/year) Reasons for Leaving _____ Were you subject to the Federal Motor Carrier Safety Regulations** while employed? ☐ Yes ☐ No Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No *ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____	
SEVENTH LAST EMPLOYER: Name _____ Phone Number (____) _____ Street Address _____ City _____ State _____ Zip _____ Position Held _____ From _____ To _____ (month/year) (month/year) Reasons for Leaving _____ Were you subject to the Federal Motor Carrier Safety Regulations** while employed? ☐ Yes ☐ No Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No *ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____	
EIGHTH LAST EMPLOYER: Name _____ Phone Number (____) _____ Street Address _____ City _____ State _____ Zip _____ Position Held _____ From _____ To _____ (month/year) (month/year) Reasons for Leaving _____ Were you subject to the Federal Motor Carrier Safety Regulations** while employed? ☐ Yes ☐ No Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No *ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____	
NINTH LAST EMPLOYER: Name _____ Phone Number (____) _____ Street Address _____ City _____ State _____ Zip _____ Position Held _____ From _____ To _____ (month/year) (month/year) Reasons for Leaving _____ Were you subject to the Federal Motor Carrier Safety Regulations** while employed? ☐ Yes ☐ No Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No *ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____	
TENTH LAST EMPLOYER: Name _____ Phone Number (____) _____ Street Address _____ City _____ State _____ Zip _____ Position Held _____ From _____ To _____ (month/year) (month/year) Reasons for Leaving _____ Were you subject to the Federal Motor Carrier Safety Regulations** while employed? ☐ Yes ☐ No Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No *ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____	

*Any gaps in employment and/or unemployment must be explained.

**The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver) for compensation; or (3) is designed or used to transport more than 15 passengers, including the driver, and is not used to transport passengers for compensation; or (4) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

SIDE 1 SAFETY PERFORMANCE HISTORY RECORDS REQUEST

RECIPIENT EMPLOYER: The individual identified in SECTION 1 below has indicated that you employ(ed) or use(d) him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT)-regulated drug and alcohol testing.

In accordance with 49 CFR §§40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. **Under DOT rule §391.23(g), you must respond to this inquiry within 30 days of receipt.**

Please complete SECTIONS 2 through 4 (as applicable) and return to the prospective employer shown in SECTION 1.

APPLICANT: Complete SECTION 1 and submit to prospective employer.

PROSPECTIVE EMPLOYER: Complete SECTION 5a and send form to current/previous employer. Upon receipt of completed form, complete SECTION 5b and retain.

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name)	_____	_____
First, M.I., Last	_____	Social Security Number
	hereby authorize:	_____
		Date of Birth
Previous Employer:	_____	Email: _____
Street:	_____	Telephone: _____
City, State, Zip:	_____	Fax No.: _____
to release and forward the information requested by section 4 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ (date of employment application)		
To:	_____	
Prospective Employer:	_____	
Attention:	_____	Telephone: _____
Street:	_____	
City, State, Zip:	_____	
In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.		
Prospective employer's confidential fax number: _____		
Prospective employer's confidential email address: _____		
_____		_____
Applicant's Signature		Date

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

EMPLOYMENT VERIFICATION

The applicant named above was or is employed or used by us. Yes ☐ No ☐

Employed as (job title) _____ from (m/y) _____ to (m/y) _____

Did he/she drive a motor vehicle for you? Yes ☐ No ☐ If yes, what type? Straight Truck ☐ Tractor-Semitrailer ☐ Bus ☐
Cargo Tank ☐ Doubles/Triples ☐ Other (Specify) _____

Completed by: _____

Company: _____

Street: _____

City, State, Zip: _____ Telephone: _____

Signature: _____ Date: _____

If there is no safety performance history to report, check here ☐ and return. Otherwise, complete Sections 3 and 4 on SIDE 2 before returning.

SECTION 3:**TO BE COMPLETED BY PREVIOUS EMPLOYER****ACCIDENT HISTORY**

Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown on SIDE 1 or check here ☐ if there is no accident register data for this driver.

	Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Please provide information concerning any other commercial motor vehicle accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

SECTION 4:**TO BE COMPLETED BY PREVIOUS EMPLOYER****DRUG AND ALCOHOL HISTORY**

If applicant was **not** subject to DOT testing requirements under 49 CFR Part 40 while employed by you, please check here ☐ and return. Applicant was subject to DOT testing requirements from _____ to _____.

In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the 3 years prior to the application date shown on SIDE 1.

Within the past 3 years from the application date shown on SIDE 1:

- | | YES | NO | |
|--|--------------------------|--------------------------|------------------------------|
| 1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including: | ☐ | ☐ | |
| <ul style="list-style-type: none"> • An alcohol test with a result of 0.04 or higher alcohol concentration. • A controlled substances test result of positive, adulterated, or substituted. • A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test. • Alcohol use while performing or within 4 hours before performing safety-sensitive functions. • Alcohol use after an accident, in violation of §382.303. • Controlled substances use while on duty, except as allowed under §382.213. | | | |
| 2. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here ☐ . | ☐ | ☐ | N/A ☐ |
| 3. If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested? | ☐ | ☐ | ☐ |

SECTION 5a:**TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one) ☐ Faxed to previous employer ☐ Mailed ☐ Emailed ☐ Other _____

By: _____ Date: _____

Subsequent attempts to contact previous employer (§391.23(c)(1)): _____

SECTION 5b:**TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: ☐ Fax ☐ Mail ☐ Email ☐ Telephone

Date: _____ ☐ Other _____

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND INVESTIGATION

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION, DISCLOSURE REGARDING INVESTIGATIVE BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and additional state/city-specific notices and Summary of Rights and certify that I have read and understand those documents. I hereby authorize the evaluation of my driver file by J. J. Keller & Associates, Inc. for compliance with state and federal laws and the acquisition of "consumer reports" (i.e., driving records, criminal history, social security verification, and/or education history) and/or "investigative consumer reports" (i.e., employment and/or education verification) by **the Employer** (as listed below) at any time after receipt of this authorization and throughout my employment, if applicable. In addition, I hereby authorize any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, current and past employer, or insurance company to furnish any and all background information requested by J. J. Keller & Associates, Inc., PO Box 368, Neenah, WI 54957-0368, (877)-564-2333, www.jjkeller.com, and/or Employer itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly or by checking this box. ☐ By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

New York City applicants only: By signing this form, you further authorize the Company to provide you with a copy of your consumer report, the New York City Fair Chance Act Notice form, and any other documents, to the extent required by law, at the mailing address and/or email address you provide to the Company.

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

California applicants only: Please check this box if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law as stated in the Notice Regarding Background Checks per California Law you received. ☐

Note to Residents of New Hampshire, Pennsylvania, Washington, Puerto Rico, and Canadian Provinces — British Columbia, Manitoba, New Brunswick, Newfoundland & Labrador, Northwest Territories, Nunavut, Prince Edward Islands, Quebec, Saskatchewan, and Yukon: State specific or Canadian general motor vehicle release forms must be completed and signed prior to obtaining the reports.

Signature* _____ Date* _____
(MM/DD/YY)

Company Name* _____

BACKGROUND INFORMATION

Last Name* _____ First* _____ Middle* _____

Social Security # _____ Date of Birth* _____

***Required Information**

This document should NOT be construed as legal advice, guidance or counsel. Employers should consult their own attorney about their compliance responsibilities under the FCRA and applicable state law. J. J. Keller & Associates, Inc., expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided. Employers seeking credit reports must provide additional notices pursuant to state law.

Confidential

Consent to Conduct Queries of the FMCSA CDL D&A Clearinghouse

As a condition of and for the duration of my employment with _____ (“Company”), I,
(Company)
_____, do hereby consent to allow “company” and/or its Third Party Administrator, J. J. Keller
(Driver Name)
& Associates, Inc., PO Box 368, Neenah, WI 54957-0368, (877)-564-2333, www.jjkeller.com to perform full and limited queries of and
to obtain information from the FMCSA Commercial Driver’s License Drug and Alcohol Clearinghouse (Clearinghouse) about me,
including any drug or alcohol violation information about me in the Clearinghouse.

I understand that queries will be conducted at least on an annual basis in accordance with FMCSA regulations.

Additionally, I understand that if I fail or refuse to provide timely consent for a query of the Clearinghouse, the Company must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA’s drug and alcohol program regulations.

CDL #: _____ State of Issuance: _____ Date of Birth: _____

Driver’s Signature: _____ Date: _____

FMCSA D&A Testing Clearinghouse Driver Registration Instructions

Creating a Login.gov Account

1. Go to <https://clearinghouse.fmcsa.dot.gov/register> and click on “Go to login.gov” to create a login.gov account
2. Click “Create an account”
3. Enter your email address and click submit
4. Check your email and open the email from no-reply@login.gov with the subject Confirm your email
5. Click Confirm email address
6. Create a password (must be 12 + characters long and “strong enough” to continue), click “Continue”
7. Select an option to authenticate your account (phone via text or call; authentication application; government employee; or I don’t have any of the above in which case you will be given 10 backup codes to keep in a secure place)
 - a. Best option is to utilize a cell phone with text first
8. Enter the security code you are sent within 10 minutes in the “One-time security code” box and click submit
9. You will be prompted to set up a second authentication method – repeat steps 7 and 8. You’ll only use one method to sign in.
 - a. Best option is to use a land line here
 - i. Note: if you utilize a land line you will need to be next to it to answer and get the code as soon as you click on this option.
10. Click continue and then continue under “You can now sign in to the FMCSA Drug & Alcohol Clearinghouse”

Register for Clearinghouse (Start Here if you already have a login.gov account)

1. Login with email and password if you already have a login.gov account: <https://clearinghouse.fmcsa.dot.gov/>
2. Select your role – Driver
3. Enter your contact information and your preferred method of contact (email is advisable as notifications are time-sensitive) and click next
 - a. Note: if you select U.S. Mail you will be asked to confirm this selection
4. Enter CDL information and click verify – this info will be verified against the information in the CDLIS
5. You will receive a “Success! We have verified your CDL information” when it’s been verified. Click next
6. Check box to accept terms and conditions and click I Agree
7. Registration Complete

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name: _____ ID Number: _____
(print)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: ☐ Yes ☐ No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: ☐ Yes ☐ No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____
(signature)

Texas BTTR Holdings, LLC.

Drug and Alcohol Testing for Commercial Motor Vehicle Drivers Receipt of Policy and Supporting Materials

I certify that I have received and understand the materials explaining Texas BTTR Holdings, LLC. Alcohol and Controlled Substance Policy and the requirements of 49 CFR Parts 382 and 40. I will present any questions I may have concerning this policy and these regulations to:

Tonye Briggs
2000 South Dairy Ashford Road Ste 410
Houston, TX 77077
832-788-2030
Tonybriggs26@hotmail.com

OR

T. Mercy Higgwe
2000 South Dairy Ashford Road Ste 410
Houston, TX 77077
281-500-6700 Ext. 100
mhiggwe@texastransportationservices.com

The Materials I have received include:

1) Company's Policy and Procedures including information concerning the effects of alcohol and controlled substance use on an individual's health, work, and personal life; signs and symptoms of alcohol and controlled substances abuse; and available methods of intervening when an alcohol or substance abuse problem is suspected.

Driver's Name (printed)

Driver's Signature

Date