



DEAN'S TOWING
 1164 W. Frontage Rd.
 Owatonna, MN 55060
 507-455-1950 / 507-214-1212 FAX
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**RELEASE OF DOCUMENTATION & TESTING INFORMATION
 BY A PREVIOUS EMPLOYER**

This form may be used to fulfill the requirement of 382.413, obtaining information from a new driver's previous employers. This information must be obtained from all employers of all new drivers within the preceding three years. It must be obtained no later than 14 calendar days after the first time a driver performs a safety-sensitive function.

I, _____, hereby authorize _____
Driver's name Previous Employer

to release to Dean's Towing, 1164 W. Frontage Rd, Owatonna, MN 55060, the results of any positive controlled substance tests and alcohol tests with a result of .04 or greater, evidence of refusal to be tested, and information on any required Substance Abuse Professional (SAP) evaluation, determination of need for assistance, and compliance with SAP recommendations for the preceding three (3) years. I request such records be released immediately.

This authorization is valid until withdrawn by me in writing.

 Applicant's Signature Social Security No. Date

1. Was this person included in a Random Testing program while employed with your company? Yes / No
2. Has this individual had an alcohol test with the confirmed breath alcohol concentration of 0.04 or greater in the past three (3) years? Yes / No If yes, please give details: _____
3. Has this individual had a controlled substance test with a positive result in the past three (3) years? Yes / No
 If yes, please give details: _____
4. Has this individual refused a controlled substance test and/or alcohol test within the past three (3) years? Yes / No
 If yes, please give details: _____
5. Has the individual violated other D.O.T. drug and / or alcohol regulations? _____
6. Have you received information from a previous employer that this individual violated D.O.T. drug and alcohol regulations? Yes / No If yes, please give name of company: _____
7. Do you have documentation of the employees' successful completion of the 49 CFR Subpart O return to duty requirements? YES / NO Signed by: _____ Date: _____
 By Prior Employer Official Title: _____

** With reference to question number 7, please identify the Substance Abuse Professional you referred the driver to if he/ she tested positive or refused testing.

Name: _____ Address: _____
 City: _____ State: _____ Phone: _____

NOTE: Failure to furnish information as required by 49 CFR 382.413 & 40.25 will result in the above named individual being removed from any CDL driving position. You are required to release this information immediately per 49 CFR 382.405(f) & 40.25(h). Fines and penalties for not releasing this information is found in 49 CFR 382.507 under 49 USC 521(b). We reserve the right to notify the US DOT Federal Motor Carrier Safety Administration in the event the above information is not received.

Mailed on: _____ Faxed on: _____
 Verified by Phone-talked to: _____
 Signature: _____ Date: _____