

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

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: Hank Mess

Employee SS or ID Number: 333-22-1111

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 the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. 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: Hank Mess Date: 08/29/2016

I-A.

New Employer Name: CT Transit

Address: 100 Leibert Road
Hartford, CT 06120

Phone #: (860) 707-1276 Fax #: (860) 524-5396

Designated Employer Representative: Jane Doe

I-B.

Previous Employer Name: ABC Trucking

Address: 123 Main Street
Anywhere, USA

Phone #: (800) 123-4567

Designated Employer Representative (if known): John Doe

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

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

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|-----------------------------------------------------------------------------------------------------------|------------------------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher? | YES ___ NO <u>X</u> |
| 2. Did the employee have verified positive drug tests? | YES ___ NO <u>X</u> |
| 3. Did the employee refuse to be tested? | YES ___ NO <u>X</u> |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? | YES ___ NO <u>X</u> |
| 5. Did a previous employer report a drug and alcohol rule violation to you? | YES ___ NO <u>X</u> |
| 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 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 (e.g., SAP report(s), follow-up testing record).

II-B.

Name of person providing information in Section II-A: Jessica Doe

Title: Safety Specialist

Phone #: (800)123-4567

Date: 09/28/2016