**Final Notice of Adverse Action**

[Date]

[Applicant’s Name]

[Applicant’s Address]

Dear [Applicant Name],

Thank you for your application for employment with [Company Name]. Unfortunately, due, in part, to information received from the report previously provided to you, we are not able to offer you employment at this time.

The reporting agency that supplied the report did not make the decision to deny employment, and it cannot give specific reasons for the decision. You were previously provided with a summary of your rights under the FCRA, which includes the right to dispute the accuracy or completeness of any information the consumer reporting agency furnished by contacting the agency directly. You may also request an additional free report from the agency if done so within 60 days.

**FMCSA Drug & Alcohol Clearinghouse**

U.S. Department of Transportation

Federal Motor Carrier Safety Administration

1200 New Jersey Avenue, SE

Washington, DC 20590

855-368-4200 | [www.clearinghouse.fmcsa.dot.gov](http://www.clearinghouse.fmcsa.dot.gov)

Sincerely,