

**General Consent for Limited Queries of
the Federal Motor Carrier Safety Administration (FMCSA)
Drug and Alcohol Clearinghouse**

Company: _____

I, hereby provide consent to the company indicated above to conduct limited queries of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I understand that these limited queries can be made at any point throughout the duration of my employment with the company.

I understand that if the limited query conducted by the company indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to the company without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for the company to conduct a limited 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.

Employee Signature

___/___/_____
Date

Printed Employee Name