



Reference: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Fax Number: \_\_\_\_\_ (1<sup>st</sup>) Date of Request: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (2<sup>nd</sup>) Date of Request: \_\_\_\_\_

### **Authorization to Release Alcohol / Drug Testing Information and / or Records**

#### **To: Employer or Former Employer of the Undersigned Individual**

This form, when signed below, is your authorization to released and provide to Gulf Coast Tugs, Inc. any and all information and/or documentation associated with alcohol and drug testing including, but not limited to alcohol test results, drug, refusals to be tested including verified adulterer or substituted drug test results, violation of DOT Agency Drug and Alcohol Testing Regulations and Completion of DOT return to duty requirement. **Important Note:** a photo static copy of this document and Gulf Coast Tugs, Inc. Representatives signature thereon may serve as original documentation.

I (print) \_\_\_\_\_ (signature) \_\_\_\_\_, herby authorize Gulf Coast Tugs, Inc. to request from my previous employer(s) and for those employer(s) to release to Gulf Coast Tugs, Inc., any and all alcohol and controlled substance testing records in accordance with 49 CFR Part 40.25. This authorization is for DOT regulated employers during the two-year period prior to the date of this consent form.

#### **Have you ever tested positive for alcohol, drugs and/or any controlled substance or refused a DOT drug and/or alcohol test for any previous employer?**

Please sign in the appropriate space below.

\_\_\_\_\_ *Yes, I have.*

\_\_\_\_\_ *No, I have not.*

---

### **To Be completed by Previous Employer**

Does your company participate in DOT alcohol and drug testing? \_\_\_\_\_ *Yes* / \_\_\_\_\_ *No*

***If answered Yes to the above, please complete the following:***

(1) Has the individual named above ever tested positive for a controlled substance? \_\_\_\_\_ *Yes* / \_\_\_\_\_ *No*

(2) Has the individual named above ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or higher? \_\_\_\_\_ *Yes* / \_\_\_\_\_ *No*

(3) Has the individual named above ever refused to take a required drug and/or alcohol test \_\_\_\_\_ *Yes* / \_\_\_\_\_ *No*

If **Yes** is answered to question(s) (1), (2), and/or (3) please forward all applicable records to Gulf Coast Tugs, Inc.

**Company Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_