



**CDS, Inc.**

**FMCSA  
Drug & Alcohol  
Results and Safety  
Performance History**

**Authorization to  
Release Information  
Form 1020(A)**

For compliance with  
Title 49 Code of  
Federal Regulations  
Parts 40.25 & 391.23

**DOT DRUG & ALCOHOL TEST RESULTS**

Prospective Employer: \_\_\_\_\_

Applicant: \_\_\_\_\_  
Print Name Social Security Number

**Please list all DOT-regulated employers for whom you utilized your Class A or Class B license during the preceding three (3) years:  
(Please fill out & sign a separate form if more than 3 employers in the last 3 years)**

Previous Employer Name	Address	Phone Number	Fax Number	Contact Name	Employment Dates

1. During the past three years, have you ever tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules?  YES  NO

2. If yes to above, have you successfully completed DOT return-to-duty requirements?  YES  NO  Not Applicable

This release is in accordance with DOT Regulations 49 CFR Parts 40.25, 40.321 and 391.23. I understand this information 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.

I have read and fully understand this authorization. I certify that the information I have furnished above is correct and complete. In signing below, I hereby authorize release of information from my DOT-regulated drug and alcohol testing records by previous employer(s) listed above to the prospective employer listed above. This information may also be released to the employer's authorized background check vendor Central Drug System, Inc. (CDS).

Check this box if you have NOT performed DOT functions during the past three (3) years.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**SAFETY PERFORMANCE HISTORY**

Prospective Employer: \_\_\_\_\_

Applicant: \_\_\_\_\_  
Print Name Social Security Number

**Please list all DOT-regulated employers for whom you utilized your Class A or Class B license during the preceding three (3) years:  
(Please fill out & sign a separate form if more than 3 employers in the last 3 years)**

Previous Employer Name	Address	Phone Number	Fax Number	Contact Name	Employment Dates

I hereby authorize release of information from my Department of Transportation driving and safety records by my previous employer(s), listed above to the prospective employer listed above. This information may also be released to the employer's authorized background check vendor Central Drug System, Inc (CDS). This release is in accordance with DOT regulation 49 CFR Part 391.23. The information to be released will include: a) general driver identification and employment verification information; b) information regarding any accidents, as defined by 49 CFR Part 390.5, that occurred in the previous three (3) years including date of the accident, city or town where the accident occurred, driver name, number of injuries, number of fatalities and whether hazardous materials, other than fuel spilled from the fuel tank, were released; and any accident records that are retained pursuant to 49 CFR Part 390.15(b)(2) or pursuant to an employer's internal policies for retaining more detailed minor accident information.

I understand that pursuant to Part 391.23(h)(i), I have the right to review the information provided by the previous employer, the right to have errors corrected by the previous employer, and the right to have a rebuttal statement attached to the alleged erroneous information if the previous employer and I cannot agree on the accuracy of the information.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date