



**COMPLIANCEONE**  
SERVICE, VALUE, EXPERTISE

## FMCSA Clearinghouse Consent Form

I, **(employee)** \_\_\_\_\_ hereby provide consent to **(employer)** \_\_\_\_\_ to conduct a limited query 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.

This consent form will be in effect for the **duration of my employment** with **(employer)** \_\_\_\_\_ and will cover both annual and employer requested queries.

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

I further understand that if I refuse to provide consent for **(employer)** \_\_\_\_\_ to conduct a limited query of the Clearinghouse, **(employer)** \_\_\_\_\_ must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

CDL # \_\_\_\_\_ State of Issue \_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date