

To: Julie Scott

From: _____
(Company Contact Name)



800-322-5298

Use Fax # 800-267-4093 (Manual Service)

Use Fax # 800-257-8069 (If Database Retrieval)

(Company Name)

Fax#: (_____) _____ - _____

DAC Customer #: _____

DAC Sub-account: _____

Reference (35 character minimum) _____

CONSUMER REPORT DISCLOSURE AND DRUG RELEASE

In connection with my application for employment (including contact for services) with _____

I understand that consumer reports which may contain public record information may be requested from DAC Services (DAC), Tulsa, Oklahoma. These reports may contain the following information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation history, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from DAC concerning previous driver record requests made by others from such state agencies, and state provided driving records. I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request; including the sources of information; and the recipients of any reports on me which DAC has previously furnished within a two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC Services.

In conformity with sections 382.413, 382.405, and 391.89 of Title 49 of the Code of Federal Regulations, I hereby authorize the the carriers listed below to furnish to DAC on behalf of the company listed above (Company) the following information concerning drug and alcohol tests, including pre-employment tests, the carriers conducted during the past two years: (i) the dates on which I tested positive for drugs, and the drugs involved; (ii) the dates on which I tested 0.02 or greater for alcohol and the test result levels; (iii) the dates on which I refused to be tested for drugs and/or alcohol.

I fully understand that the information I authorize DAC to receive involves tests which were required by the Department of Transportation (DOT), and may also include information concerning tests that DOT did not require but that the carriers listed below may have voluntarily conducted under their own authority unless I instruct the carriers in writing not to release the information concerning non-DOT tests to DAC. If any carrier listed below furnishes DAC with information concerning items (i), (ii), or (iii) above, I authorize that carrier to release and furnish; (iv) the dates of my negative drug and/or alcohol tests and/or tests with the results below 0.02 during the two year period; and (v) the name and phone number of any substance abuse professional who evaluated me during the past two years.

| Company (CDL Driver Positions Only) | City | State | Phone Number |
|-------------------------------------|-------|-------|-------------------------|
| _____ | _____ | _____ | (_____) _____ - _____ |
| _____ | _____ | _____ | (_____) _____ - _____ |
| _____ | _____ | _____ | (_____) _____ - _____ |
| _____ | _____ | _____ | (_____) _____ - _____ |

(Attach additional form if needed, additional forms require driver's signature.)

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired. I further certify that all of the information that I have furnished on this form is true and complete, and that I have listed every company for which I have worked as a driver during the past two years, and every company for which I had a pre-employment drug and/or alcohol test during the past two years.

Print name: _____ (Applicant Name) Signed: _____ (Applicant Signature Required)

Social Security No: _____ Date: _____