

RELEASE / AUTHORIZATION TO OBTAIN INFORMATION

DOT DRUG AND ALCOHOL RELEASE

I hereby authorize you, per 49 CFR Part 40, to release to **R.B. Stewart Petroleum Products, Inc.**, 215 S. Front St, Angleton, Texas 77515, (phone) 979-849-7471 (fax) 979-849-7496, information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed below for the sole purpose of investigation as required by Section 382-413 and 40.25 of the Federal Motor Carrier Safety Regulations and transmitting such records. You are released from any and all liability which may result from furnishing such information.

I authorize release of the following information concerning DOT drug and alcohol testing violations during the past three years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized involves tests required by DOT. If any carrier (company/school) listed below furnishes information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

Part A: TO BE COMPLETED BY THE APPLICANT

Print Applicant's Name: _____

Social Security No: _____

Applicant's Signature: _____

Previous Employer

City

State

APPLICANT MUST PROVIDE A SEPARATE SHEET FOR ALL EMPLOYERS WITHIN THE PAST THREE (3) YEARS. INCOMPLETE INFORMATION WILL DELAY APPLICATION PROCESSING.

Part B: TO BE COMPLETED BY PREVIOUS EMPLOYER

Pursuant to Part 382.413 and 40.25 of the Federal Motor Carrier Safety Regulations, I hereby request any available information on your former/ current commercial vehicle driver listed above regarding the following questions during the past three years:

Circle answer

- | | | | |
|----|---|-----|----|
| A. | Has this person ever tested positive for controlled substance? | YES | NO |
| B. | Has this person ever had an alcohol test with a breath alcohol concentration of 0.04 or greater? | YES | NO |
| C. | Has this person refused a controlled substance test and/or alcohol test? | YES | NO |
| D. | Has this individual violated other DOT drug/alcohol regulations? | YES | NO |
| E. | Have you received information from a previous employer that his individual violated DOT drug and alcohol regulations. | YES | NO |

If you answer "yes" to any of the above questions, please provide dates and results of all positive tests as well the name and contact information for the Substance Abuse Professional that the listed applicant was referred to:

Controlled Substance: Date Tested: _____ Results: _____

Alcohol: Date Tested: _____ Results: _____

SAP Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Signature: _____ Company Name: _____

Print Name: _____ Title: _____ Date: _____