



Driver Profile and Clearinghouse Authorization

AGENCY REQUESTING SETUP: (Internal use only)

Contact: _____ Phone: _____ Agent Code: _____

Carrier Name (If different from driver name): _____

Driver Name: _____

Driver Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Email: _____

CDL#: _____ Issuing State: _____ DOB#: _____

Type of Tractor: Day cab? Sleeper? What year is your tractor? _____ How many miles? _____

Type Trailer: Van Reefer Flatbed Step Deck Hot Shot Carrier Specialized

Preferred Destinations To Run: _____

Preferred Destinations To Avoid: _____

Destinations You Would Refuse: _____

Any Additional Information You Would Like To Provide: _____

The driver needs to register in the Clearinghouse and provide consent in the Clearinghouse for a full query to be fulfilled. If the driver fails to register and consent for the full query, the employer must not allow the driver to continue to perform any safety-sensitive function until the employer is able to conduct the full query and the results confirm that the driver's Clearinghouse record contains no prohibitions.

I hereby consent to the employer listed above to perform unlimited limited queries to the FMCSA Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

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

Signature: _____

Date: _____