Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST.

1. This form must be completed in full and include the driver's original signature.

2. Deliver, mail, Email or FAX the completed form to:
   Texas Department of Public Safety
   Motor Carrier Bureau, MSC #0521
   6200 Guadalupe, Building P
   Austin, Texas 78752-4019 / Facsimile: 512-424-5310
   Email: MCB.VPR@dps.texas.gov

Print Name of CDL Holder

Print full Address, City, State and Zip Code of CDL Holder

Driver License Number of CDL Holder

State

Date of Birth

authorize release of any and all of CDL holder's reported positive alcohol or controlled substance test results reported under Texas state law to

DIOCESE OF VICTORIA

(361) 573-0828

Print Motor Carrier's Name

Print full Address, City, State and Zip Code of Motor Carrier

Signature of Driver

X

Date

If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address:

http://www.txdps.state.tx.us/forms/index.htm.
**REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER ON ALCOHOL & CONTROLLED SUBSTANCES TESTING**

<table>
<thead>
<tr>
<th>Print Name of Applicant:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security No.:</td>
</tr>
<tr>
<td>I authorize my Previous Employer,</td>
</tr>
<tr>
<td>at Address:</td>
</tr>
<tr>
<td>and Phone Number:</td>
</tr>
</tbody>
</table>

and Phone Number: to release and forward information requested under 49 CFR section 382.405(f) and (h) concerning my alcohol and controlled substances testing records to:

<table>
<thead>
<tr>
<th>Contact Person: Vicki Pyatt, Office of Safe Environment Associate Director, representing my Prospective Employer, Diocese of Victoria</th>
</tr>
</thead>
<tbody>
<tr>
<td>at Address: 1505 E. Mesquite Lane, Victoria, Texas 77901</td>
</tr>
<tr>
<td>and Phone Number: 361-573-0828</td>
</tr>
</tbody>
</table>

**Applicant's Signature:**

**Date:**

Request for information from the Previous Employer to the following questions are made under authority of 49 CFR 382.413:

1. Has the above named individual had an alcohol test with a result of 0.04 alcohol concentration or greater within the past two years? Yes ( ) or No ( )

2. Has the above named individual had a controlled substances test with a verified positive controlled substances test result within the past two years? Yes ( ) or No ( )

3. Has the above named individual refused to be tested for alcohol or controlled substances within the past two years? Yes ( ) or No ( )

If "yes" is the answer to any of the questions, please give the name and address of the Substance Abuser Professional:

<table>
<thead>
<tr>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
</tr>
<tr>
<td>State</td>
</tr>
<tr>
<td>Zip</td>
</tr>
<tr>
<td>Phone #</td>
</tr>
</tbody>
</table>

This section completed by (Signature):

Date:

Information verified by:

Title:

Date:

Method of receiving information:

Personal Interview( ) Telephone Interview( ) Letter( )

(Rev. May 2006)