

## **Commercial Driver License (CDL) Acknowledgement Form**

This communication and the attachments contain critical information you need to know in order to remain in compliance with federal, state, and departmental requirements. If you have questions, please ask your supervisor for clarification. All Commercial Driver License (CDL) holders are required to comply with the statewide policy and procedure for mandatory drug and alcohol testing and for Hazardous Material Endorsement (HME) requirements. Federal Highway Administration (FHWA) requires all CDL holders to participate in drug and alcohol testing. This includes pre-employment drug testing and random drug and alcohol testing. Additionally, the Transportation Security Administration (TSA) requires all CDL holders obtaining for the first time, or renewing, a HME to complete a background records check every five years. Fingerprinting is necessary only upon initial application. All drug and alcohol testing needs to be coordinated with the Federal Clearinghouse database maintained by the Federal Motor Carrier Safety Administration (FMCSA).

### **Drug and Alcohol Testing**

The intent of the federal requirement for drug and alcohol testing is to protect you, your coworkers, and the traveling public by discouraging the use of these substances. The department is required to complete a pre-employment background check, a query of the Federal Clearinghouse database, and have all new employees take and pass a pre-employment drug test before they can begin work. Once employed, a CDL holder is required to submit to random drug and alcohol testing. The employer can schedule testing to occur immediately prior to starting work, at any time during a work shift, or immediately upon completion of the work. The statewide policy explains the specifics of testing required under the program.

When selected for testing you will either be sent to an official collection site or collection will take place in the field setting. At the time of testing the collector will explain the process to you.

Please exercise your obligation to fully and immediately cooperate in mandatory testing. Once contacted by the tester, refusing to test will be considered a positive test result. There are circumstances that may require you to remain at the testing site and you may not refuse to do so. For example, if the specimen you provide is determined to be outside the temperature range, you are required to remain at the collection site or in the field with the tester until you are able to provide another sample or until you are specifically released by the tester. Refusal to comply will be considered a positive test result.

If you are experiencing difficulty with the use of alcohol or drugs, you are strongly encouraged to talk with a counselor, your supervisor, a department manager, or with a Human Resource Specialist in the Division of Personnel. The department is committed to supporting your health and well being and will help you to locate appropriate assistance from a health care organization or professional.

### **Direct Observation Testing**

Effective August 31, 2009, there are some circumstances which may require collection personnel to directly observe you during the course of your drug test. Employees undergoing directly observed collections will be required to raise clothing just above the navel, lower clothing to mid-thigh, then turn around to show a same-gender observer they do not have any inappropriate devices, prosthetics, or other unapproved materials or items. Situations that may require direct observation include, but are not limited to the following: the temperature of the original specimen was out of range or the original

specimen appeared to have been tampered with, return-to-duty or follow-up test after a violation, or the collection personnel observed devices or employee conduct indicating an attempt to tamper with the sample or testing process.

**Hazardous Materials Endorsement**

The intent of the federal requirement for background checks for CDL HME is to help protect the national transportation system for the transport of certain dangerous commercial products. The Alaska Division of Motor Vehicles (ADMV) will not issue any new or renewal licenses with a HME unless the driver has a TSA security clearance or waiver. Employees in positions that require a HME may negatively impact their employment if they fail to maintain a current HME.

Consult with the ADMV for information on obtaining a new or renewal HME. Copies of frequently asked questions regarding the background check process, as well as links to testing information are available on the ADMV website.

**Loss of License**

All employees whose position requires operation of a motor vehicle are required to notify management immediately upon loss of license or any time they are issued a citation which may lead to loss of license. Operation of a state vehicle without possession of the required license is grounds for immediate discharge.

**Federal Clearinghouse**

To comply with regulations from the Federal Motor Carrier Safety Administration (49 CFR 383), all information related to drug & alcohol testing violations will be reported to the Federal Clearinghouse database. All employees whose position requires a CDL will need to undergo a full query of the Clearinghouse prior to starting employment, and are also subject to annual limited queries, and additional full queries as necessary. All employees will register with the Clearinghouse prior to starting employment, in order to provide electronic consent for a full query. This document will also serve as a written consent on file for limited queries.

The statewide drug and alcohol testing policy can be obtained from your supervisor. Please review the policies carefully and ask questions if you do not understand any part of the policies or the information provided herein.

**ACKNOWLEDGEMENTS**

I understand all of the above rules and requirements and agree to them. I provide consent to the State of Alaska (as my employer) to conduct limited queries of the FMCSA CDL Drug & Alcohol Clearinghouse as necessary for the duration of my employment, to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

**Employee** \_\_\_\_\_

Signature

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Date

\_\_\_\_\_

**Supervisor** \_\_\_\_\_

Signature

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Date

\_\_\_\_\_