



USA DRIVERS, INC

DRUG TESTING NOTIFICATION AND CONSENT

I understand, as required by the Federal Motor Carrier Safety Regulations, 49 CFR Part 391, and/or company policy, all prospective drivers must submit to a test involving collection of a urine sample which will be tested for the following substances: marijuana, cocaine, opiates, amphetamines and phencyclidine (PCP). In addition, I agree to become a participant in a random and post-accident drug and alcohol-testing program following D.O.T. published guidelines.

I understand, if I test positive for use of a controlled substance, or fail to pass an alcohol breathalyzer test utilizing D.O.T. limits, I am not medically qualified to operate a commercial vehicle.

I understand the result of the drug test(s) will be maintained by USA Drivers, Inc. I hereby authorize USA Drivers, Inc., to release the results of the test to any company for employment or contract for services purposes.

I hereby agree to submit to a urine drug screen and/or an alcohol breathalyzer test.

Print Applicants Name: _____

Applicant's Signature: _____

Date: _____