



TOWN OF MAYNARD
OFFICE OF THE TOWN ADMINISTRATOR
MUNICIPAL BUILDING
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Stephanie E. Duggan
Human Resources Manager

D.O.T. Clearinghouse Consent Form

(For Annual Limited Queries)

I, _____, CDL#: _____
(employee printed name)

hereby provide consent to Town of Maynard
(Name of Employer)

to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. My consent to have limited queries conducted on an annual basis is valid from the date below until my employment with the above-mentioned employer ceases.

I understand that if the limited query conducted indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to any party without first obtaining additional specific consent from me. I further understand that if I refuse to provide consent to conduct a limited query of the Clearinghouse, my employer must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Employee Signature:

Date:
