

Act 637 of 2007

Responsibility of Employers

1. Report positive or refusals on alcohol tests.
2. Make sure Medical Review Officer is reporting positive or refusals on drug tests.
3. Have new applicants sign the Consent Form.
4. Request record search for all new drivers prior to allowing them to operate a commercial vehicle for your company.



STATE OF ARKANSAS
**Department of Finance
 and Administration**

**OFFICE OF DRIVER SERVICES
 Arkansas Commercial Driver
 Drug and Alcohol Testing Database**

Ragland Building, Room 1130
 Post Office Box 8079
 Little Rock, Arkansas 72203-8079
 Phone: (501) 682-7207
 Fax: (501) 682-2075
<http://www.arkansas.gov/drugtest>

**EMPLOYER'S SUBMISSION OF ALCOHOL TESTS RESULTS FOR ARKANSAS CDL
 HOLDERS**

Company Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Authorized Representative: _____

	Name	DOB	Driver License Number	Test Date	Positive Alcohol	Refusal Alcohol
1.						
2.						
3.						
4.						
5.						



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RELEASE OF RECORD OF ALCOHOL AND DRUG TESTS RESULTS

I, _____ do hereby authorize the Office of Driver Services to release my record of alcohol and drug tests results to:

Company name

Address State Zip

Signature _____ Date _____

Date of Birth _____

Driver License Number _____

This Consent is only valid for pre employment and employment purposes as required by Arkansas Code Annotated §27-23-207.



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**REQUEST FOR RECORD OF DRUG AND ALCOHOL TESTS RESULTS
 FOR ARKANSAS CDL HOLDERS**

Current Date: _____

Employer / Prospective Employer _____
 (Company Name)

Contact Person: _____ Phone #: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Please attach signed Consent from driver(s), and fee of \$1.00 per record search.

	<u>NAME</u>	<u>DOB</u>	<u>DRIVER LICENSE NUMBER</u>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			