#### 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.

Additional Pages		
Company Name:	 	

NAME	DOB	DRIVER LICENSE NUMBER
	9	



Company Name:

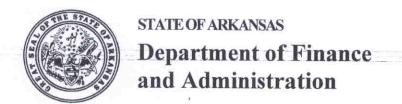
# OFFICE OF DRIVER SERVICES Arkansas Commercial Driver Drug and Alcohol Testing Database Ragland Building, Room 1130

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

Ac	ldress:					
	ty:					
	ate:		de:			
Au	nthorized Representative:					
	Name	DOB	Driver License Number	Test Date	Positive Alcohol	Refusal Alcohol
1.						
2.						
3.						
4.						
5.						



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

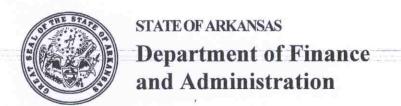
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Fax: (501) 682-2075 http://www.arkansas.gov/drugtest

#### RELEASE OF RECORD OF ALCOHOL AND DRUG TESTS RESULTS

I, Services to	release my record of alcohol and	do hereby a drug tests results to:	_ do hereby authorize the Office of Drive esults to:		
Company n	ame			_	
Address		State	Zip	_	
	Signature	I	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.



Current Date:

## OFFICE OF DRIVER SERVICES Arkansas Commercial Driver

Drug and Alcohol Testing Database Ragland Building, Room 1130

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Phone: (501) 682-7207 Fax: (501) 682-2075 http://www.arkansas.gov/drugtest

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

Employer / Prospective Employer(Company Name)					
Contact Person:Phone #:					
Addre	ess:				
	· ·				
State: Zip Code:					
Please	e attach signed Consent fro	om driver(s), and f	ee of \$1.00 per re	ecord search.	
				DOWNER & LOCALGE AND MICE	
	NAME		DOB	DRIVER LICENSE NUMBER	
1.	*				
2.					
3.					
4.					
5.					
6.					
7.					
8.					