State of Kansas
Alcohol and Controlled Substance Testing Program for Commercial Drivers

General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

Per 49 C.F.R. Subpart G-Requirements and Procedures for Implementation of the Commercial Driver's License Drug and Alcohol Clearinghouse

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Section A:

I,_____, as a Commercial Driver's License (CDL) holder and driver for my potential or current employer, the State of Kansas, hereby provide consent 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. I understand I have an obligation to allow the State of Kansas, to query my Clearinghouse account.

This consent covers any and all limited queries for the full period of time of my employment with the State of Kansas.

I understand that if the limited query conducted by the State of Kansas indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to the State of Kansas without first obtaining additional specific consent from me through the FMSCA Drug and Alcohol Clearinghouse.

I further understand that if I refuse to provide consent for the State of Kansas to conduct a limited query of the Clearinghouse, the State of Kansas must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Driver's Signature _____ **Date Signed** _____

Printed Name _____

Commercial Driver's License (CDL) Number: _____

State of Issuance: _____

Section B - Completed by Dept of Administration:

Name _____ **Title** _____

Phone _____ **Today's date** _____