



FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA)
Applicant Authorization to Release DOT/Alcohol Test Results/Release Safety Performance History
 (As Required by 49 CFR Parts 40.25 and 391.23)

SECTION A – To Be Completed by Applicant – PLEASE PRINT CLEARLY

Applicant Name:	SS#	Date of Birth:
<input type="checkbox"/> Check this box if you have NOT performed Department of Transportation (DOT) functions in the past THREE (3) years.		
I hereby authorize the previous employer listed below to release from my DOT regulated drug and alcohol testing records and safety performance history outlined in Section C to Asurint on behalf of Plains All American in accordance with 49 CFR Part 40.25 and 391.23.		
Previous Employer Name (ONE PER FORM):	City/State:	Dates of Employment:
Applicant Signature:		Date:

SECTION B – To Be Completed by Prospective Employer

Plains All American GP LLC | 333 Clay Street, Ste 1600 | Houston, TX 77002
 Human Resources | 713-646-1400

In accordance with 49 CFR Part 40.25, we are obligated to request the information below from all previous employers of the applicant that employed him/her within the 2 years preceding the date above. Please complete the information below and return to us immediately, as required by 49 CFR Part 40. Please phone/fax/mail or email the following information to: **Asurint**
E-mail: Verification@asurint.com | Fax: 216-875-5001

SECTION C – To Be Completed by Previous Employer

Previous Employer Company Name:	
Dates of Employment:	Position:
Reason for Leaving: <input type="checkbox"/> Discharged <input type="checkbox"/> Resigned <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/> Other (specify):	

SAFETY PERFORMANCE HISTORY

Did the above named individual drive a commercial motor vehicle (CMV) for you?				<input type="checkbox"/> Yes <input type="checkbox"/> No
While a CMV driver for you, was the individual involved in any accidents as defined in 390.5?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please supply the following information for any accident on your accident register (390.15(b)) that involved the above named individual for the three (3) years prior to the date next to their signature.				
Accident Date	City/State	# Injuries	# Fatalities	Hazmat Spill?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Enclosed is other accident information pursuant to the employer's internal policies, or reports required by state or other government entities or insurers, for retaining more detailed minor accident information (391.23(d)(2)(ii)).

DRUG & ALCOHOL HISTORY

1. Has this individual had an alcohol tests with a result of 0.04 or higher alcohol concentrate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has this individual had verified positive drug tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has this individual refused to be tested (including verified adulterated drug test results)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has this individual had other violations of DOT agency drug and alcohol testing regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Did a previous employer report a drug and alcohol rule violation to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. If "Yes" to any of the above, did the employee complete the return-to-duty process? If "Yes", you must provide the records concerning the result, violation and/or return-to-duty documentation (e.g., SAP report(s), follow-up testing results, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name (Please Print):	Title:
Signature:	Date:
Phone#:	

Please Return to Asurint - E-mail: Verification@Asurint.com | Fax # 216-875-5001