

DEPARTMENT OF TRANSPORTATION (DOT)

Applicant Authorization to Release DOT Drug and Alcohol Information from Previous Employer (As Required by 49 CFR Parts 40.25)

SECTION A – To Be Completed by Applicant – PLE	CASE PRINT CLEARLY	
Applicant Name:	SS#	Date of Birth:
Check this box if you have NOT performed Depart	tment of Transportation (DOT) fu	nctions in the past Two (2) years.
I hereby authorize the previous employer listed below to rele history outlined in Section C to Asurint on behalf of Plains All		
Previous Employer Name (ONE PER FORM):	City/State:	Dates of Employment:
Applicant Signature:		Date:
SECTION B – To Be Completed by Prospective Em	ıployer	
Plains All American GP LI	LC 333 Clay Street, Ste 1600 House	ston, TX 77002
Hum	nan Resources 713-646-1400	
In accordance with 49 CFR Part 40.25, we are obligated to re employed him/her within the 2 years preceding the date above required by 49 CFR Part 40. Please phone/fax/mail or email to the content of th	ve. Please complete the information b	pelow and return to us immediately, as

E-mail: Verification@asurint.com | Fax: 216-875-5001

SE	CTION C – To Be Completed by Previous Employer			
Pre	vious Employer Company Name:			
Dat	es of Employment: Job Tit	le:		
Rea	son for Leaving: Discharged Resigned Lay Off Military Duty Ot	her (specify):		
DR	UG & ALCOHOL HISTORY			
1.	Has this individual had an alcohol tests with a result of 0.04 or higher alcohol concentrate?		Yes	No
2.	Has this individual had verified positive drug tests?		Yes	No
3.	Has this individual refused to be tested (including verified adulterated drug test results)?		Yes	No
4.	Has this individual had other violations of DOT agency drug and alcohol testing regulations?		Yes	No
5.	Did a previous employer report a drug and alcohol rule violation to you?		Yes	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 documentat	ion (e.g.,	Yes	No
	SAP report(s), follow-up testing results, etc.)			

Name (Please Print):		Title:
Signature:	Phone#:	Date:
Please Return to Asurint – E-mail:	Verification@Asurint.com A	Fax # 216-875-5001



Applicant Name:

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Date of Birth:

Previous Employer Name (ONE PE	ER FORM):	<u> </u>	City/S	State:	D	ates of Emplo	oyment:
Applicant Signature:					Date:		
SECTION B – To Be Completed				~ 1 (00 LTI	TX 55000		
Piam	is All Americ		sources 713-6	Ste 1600 Houstor 46-1400	n, TX //002		
In accordance with 49 CFR Part 40.25,	, we are oblig				evious employers o	f the applican	t that
employed him/her within the 2 years pr	receding the	date above. Plea	ase complete th	e information belo			
required by 49 CFR Part 40. Please pho			_				
	E-mail: V	rerification@as	surint.com F	ax: 216-875-5001			
Previous Employer Company Name:							
Dates of Employment:					Job Title:		
Reason for Leaving: Dis	scharged	Resigned	Lay Off	Military Duty	Other (specify):	
DRUG & ALCOHOL HISTORY							
Has this individual had an alcohol to	tests with a re	sult of 0.04 or l	higher alcohol	concentrate?		Yes	No
2. Has this individual had verified pos	sitive drug tes	sts?				Yes Yes	No No
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 Has this individual had verified pos Has this individual refused to be tes Has this individual had other violation 	sitive drug tes sted (includin tions of DOT	sts? ng verified adult agency drug an	terated drug tes	t results)?		Yes	No
 Has this individual had verified pos Has this individual refused to be tes Has this individual had other violati Did a previous employer report a dr 	sitive drug tes sted (includin tions of DOT rug and alcoh	sts? ng verified adult agency drug an nol rule violation	terated drug tested alcohol testinn to you?	t results)? ng regulations?		Yes Yes	No No
 Has this individual had verified pos Has this individual refused to be tes Has this individual had other violati Did a previous employer report a dr If "Yes" to any of the above, did the 	sitive drug tes sted (includin tions of DOT rug and alcoh ae employee c	ng verified adult agency drug an nol rule violation complete the retu	terated drug testing alcohol testing to you?	t results)? ng regulations? ncess?		Yes Yes Yes Yes	No No No
 Has this individual had verified pos Has this individual refused to be tes Has this individual had other violati Did a previous employer report a dr 	sitive drug tes sted (includin tions of DOT rug and alcoh ne employee c ords concernin	ng verified adult agency drug an nol rule violation complete the retu	terated drug testing alcohol testing to you?	t results)? ng regulations? ncess?	ımentation (e.g.,	Yes Yes Yes	No No
 Has this individual had verified pos Has this individual refused to be tes Has this individual had other violati Did a previous employer report a dr If "Yes" to any of the above, did the If "Yes", you must provide the reco 	sitive drug tes sted (includin tions of DOT rug and alcoh ne employee c ords concernin	ng verified adult agency drug an nol rule violation complete the retu	terated drug testing alcohol testing to you?	t results)? ng regulations? ncess?	imentation (e.g.,	Yes Yes Yes Yes	No No No
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pplicant Signature:			Date:		
SECTION B – To Be Completed by P			777 77000		
Plains All		333 Clay Street, Ste 1600 Houston esources 713-646-1400	on, TX 7/002		
In accordance with 49 CFR Part 40.25, we a employed him/her within the 2 years preced required by 49 CFR Part 40. Please phone/fa	ling the date above. Ple	ease complete the information bel	elow and return to us imi		
E	-mail: Verification@a	asurint.com Fax: 216-875-500	1		
Previous Employer Company Name: Dates of Employment:			Job Title:		
Reason for Leaving: Discharg	ged Resigned	Lay Off Military Duty			
DRUG & ALCOHOL HISTORY	<u> </u>		**		
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Name (Please Print):			Title:		

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