



**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 – PLEASE PRINT CLEARLY		
<b>Applicant Name:</b>	<b>SS#</b>	<b>Date of Birth:</b>
<p align="center"><b>Check this box if you have NOT performed Department of Transportation (DOT) functions in the past Two (2) years.</b></p>		
<p>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.</p>		
<b>Previous Employer Name (ONE PER FORM):</b>	<b>City/State:</b>	<b>Dates of Employment:</b>
<b>Applicant Signature:</b>		<b>Date:</b>

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
<p>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: <b>Asurint</b></p> <p align="center"><b>E-mail: Verification@asurint.com   Fax: 216-875-5001</b></p>

SECTION C – To Be Completed by Previous Employer	
Previous Employer Company Name:	
Dates of Employment:	Job Title:
Reason for Leaving:	Discharged    Resigned    Lay Off    Military Duty    Other (specify):
DRUG & 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 documentation (e.g., SAP report(s), follow-up testing results, etc.)	Yes    No

Name (Please Print):	Title:
Signature:	Phone#:
Date:	
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Reason for Leaving:	Discharged	Resigned Lay Off Military Duty Other (specify):
<b>DRUG &amp; ALCOHOL HISTORY</b>		
1. Has this individual had an alcohol tests with a result of 0.04 or higher alcohol concentrate?	Yes	No
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