

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

I, WEST STAR TRANSPORTATION, hereby provide consent to the Employer/Motor Carrier (named below) Safety Department to conduct multiple full and limited queries for the duration of my employment of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that if the multiple full and limited queries conducted by the Employer/Motor Carrier's Safety Department indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to the Employer/Motor Carrier's Safety Department without first obtaining additional specific consent from me.

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

**AUTHORIZATION**

I, \_\_\_\_\_, hereby authorize  
(Driver's printed name)

WEST STAR TRANSPORTATION

(Name of Employer/Motor Carrier)

to conduct limited annual queries of the FMCSA's Drug & Alcohol Clearinghouse, to determine if a Clearinghouse record exists for me. This consent is valid from the date shown below until my employment with the above-named municipality ceases or until I am no longer subject to the drug and alcohol testing rules in 49 CFR part 382 for the above-named municipality.

I understand that if any full and/or limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent within 24 hours, via the Clearinghouse website, for the employer/motor carrier to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety-sensitive duties.

Driver Signature: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ Date: \_\_\_\_\_