



BOONE COUNTY ROAD & BRIDGE

I, _____, hereby provide consent to Boone County 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. This consent is effective for unlimited inquiries for the duration of my employment with Boone County.

I understand that if the limited query conducted by Boone County indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Boone County without first obtaining additional specific consent from me.

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

Employee Printed Name: _____

Employee Signature: _____ Date: _____