

## Notification of Positive Drug or Alcohol Testing

*\*Complete when a positive test is received prior to submitting to the FMCSA Drug and Alcohol Clearinghouse. Attach copies of the result and list of SAP providers to this form.*

Driver Name: \_\_\_\_\_

I certify that the above named driver has been provided with evidence of a positive drug or alcohol test in accordance with FMCSA requirements. This includes at a minimum:

- Copy of Positive Result
- Company Drug and Alcohol Policy
- List of Substance Abuse Professionals

Documentation Provided:

In Person

USPS

Fedex

Courier

\_\_\_\_\_  
Company Representative Name

\_\_\_\_\_  
Company Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
*\*Complete the below if in person. If sent via other method, attach evidence to this form.*

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date