

Notification of Refusal to Test

**Complete when a required drug test is refused, prior to submitting to the FMCSA Drug and Alcohol Clearinghouse. Attach a statement and list of SAP providers to this form.*

Driver Name: _____

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

- Statement of Refusal to Test
- Company Drug and Alcohol Policy
- List of Substance Abuse Professionals

This refusal will be reported to the FMCSA Drug and Alcohol Clearinghouse.

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