

**FMCSA DRUG & ALCOHOL CLEARINGHOUSE – LIMITED QUERIES**

**CONSENT FORM**

I, \_\_\_\_\_, hereby provide consent to  
(Driver's Printed Name)

**Allecap Transportation**

(Name of Motor Carrier)

and/or their TPA to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse on an annual basis during the duration of my employment to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that if the limited query indicates that drug or alcohol violation information about me exists in the Clearinghouse, I must grant electronic consent within 24 hours, via the Clearinghouse website, for the motor carrier and/or their TPA to obtain my full Clearinghouse record. I further understand that if I refuse to provide such consent, I will be removed from performing all safety-sensitive duties including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Driver's Signature: \_\_\_\_\_

Date: \_\_\_\_\_