

To: Julie Scott

From: Debbie Landry

DAC Services

Phone: 800 322-5298

Fax: 800 267-4093

If disclosed on-line, use

Fax 800 257-8069

Reference:\_\_\_\_\_

Company: Halvor Lines, Inc.

Phone: 800 233-2914

Fax: 715 392-1969

DAC Cust. #024493

Driver-Application Authorization of Release Drug and Alcohol Test Information

In conformity with the Code of Federal Regulations (CFR Parts 40, 382 and 391), I hereby authorize the companies listed below to furnish Halvor Lines, Inc. and it's agents the following information concerning drug and alcohol tests including pre-employment tests conducted during the past three (3) years: (1) the dates on which I tested positive for a controlled substance, and the controlled substance(s) involved; (2) the dates on which I tested 0.04 or greater for alcohol and the test results levels: (3) the dates on which I refused to be tested for controlled substance and/or alcohol.

I fully understand that the information that I authorize Halvor Lines, Inc. and it's agents to receive involves the tests which were required by the Department of Transportation (DOT), and may also include information concerning tests which DOT did not require but which the companies listed below may have voluntarily conducted under their own authority unless I instruct the companies in writing not to release information concerning non-DOT tests to Halvor Lines, Inc. and it's agents. If any company listed below furnishes Halvor Lines, Inc. and it's agents with information concerning Items (1),(2) or (3) I also authorize that company to release and furnish (4) the dates of my negative drug and/or alcohol tests with the results below 0.04 during the three year period: and (5) the name and phone number of any substance abuse professional who evaluated me during the past three years.

Company Name	City	State	Phone Number

(Attach additional information if needed)

By signing below, I certify that I have read and fully understand this release that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired. I further certify that all of the information that I furnished on this form is true and complete, and that I have listed every company for which I worked during the past three years, and every company for which I took a pre-employment drug and/or alcohol test during the past three years.

Print Name:\_\_\_\_\_

Signed:\_\_\_\_\_

Social Security #:\_\_\_\_\_

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

Please complete this form so we can process your application in a timely manner.