

Coastal Transport Co., Inc.  
General Consent for Limited Queries of the Federal Motor Carrier Safety  
Administration (FMCSA) Drug & Alcohol Clearinghouse

I, *(driver name)* \_\_\_\_\_, *(employee #)* \_\_\_\_\_,  
hereby provide consent to Coastal Transport Co., Inc. to conduct a limited query of the FMCSA  
Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or  
alcohol violation information about me exists in the Clearinghouse. This consent will be  
ongoing and continuous during my employment at Coastal Transport Co., Inc.

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

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

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Driver's full name (printed): \_\_\_\_\_ Employee #: \_\_\_\_\_  
Driver's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Routing:  
Original to DQ file at SAO  
Copies to driver, TM (local file), VPO