

Request/Consent For Information On Controlled Substance Testing

Section 1.

TO BE COMPLETED BY APPLICANT

DRIVER NAME _____ SOCIAL SECURITY NUMBER _____

It is agreed and understood that MCT Transportation, LLC or it's agents may investigate my background to ascertain any and all information of concern regarding my background and record, whether such information is on record or not, and I hereby release employers, carrier lessees, and persons named herein from all liability for any damages on account of furnishing such information.

I hereby authorize release of alcohol and controlled substance testing information to MCT Transportation, LLC. and agree to hold harmless all parties from any and all liability in connection with this release.

DRIVER SIGNATURE X _____ DATE _____

Section 2.

TO BE COMPLETED BY PREVIOUS EMPLOYER

Please complete and fax to 800-394-4731

Company Name: _____ Telephone: _____
Attention: _____ Facsimile: _____
Address: _____

The person identified above has sought qualification with MCT Transportation, LLC., as a driver. Pursuant to the Federal Motor Carrier Safety Regulations 49 CFR 40.25 and 391.23, with the driver's consent, we are requesting the following information:

If driver was not subject to DOT drug and alcohol testing requirements while employed by you please check here.

Based upon a review of your company's drug and alcohol test records, in the past 3 years, has this person:

1. Tested positive or adulterated, or substituted a test specimen for a controlled substance? Yes No
2. Had an alcohol test with a BAC of 0.04 or above? Yes No
3. Refused to submit to a required test for alcohol or controlled substances? Yes No
4. Violated any other DOT drug/alcohol regulations? Yes No

If yes, please explain _____

5. Violated any DOT drug/alcohol regulations with an employer previous to you? Yes No

If yes, please explain _____

6. It is the policy of MCT Transportation LLC., not to qualify a person who has violated any alcohol or controlled substance prohibitions under Subpart B of Part 382, or 49 CFR Part 40. Therefore we do not inquire as to whether a driver completed a SAP's rehabilitation referral or had any additional DOT drug/alcohol regulation violations after completing the referral.

Completed By: _____ Date: _____

Title: _____

Section 3.

TO BE COMPLETED BY MCT TRANSPORTATION, LLC.

MCT Transportation, LLC.
PO Box 5234
Sioux Falls, SD 57117-5234
Attention: Recruiting

Date Requested: _____

Requested By: _____

DISCLOSURE AND AUTHORIZATION

In connection with my application for qualification as an independent contractor or driver of an independent contractor with MCT Transportation, LLC, (the "Company"), I understand and acknowledge the following:

1. The Company may utilize the services of a consumer reporting agency as part of the procedure for processing my application and, if my application is granted, may obtain further information through subsequent investigations by a consumer reporting agency to update, renew or extend my status as a qualified driver or independent contractor.
2. A consumer reporting agency's investigation may include information concerning my credit background, references, character, past employment, work habits, education, general reputation, personal characteristics, mode of living, judgment, liens, criminal background, driving record, work experience and accidents.
3. This information may be obtained by direct or indirect contact with former employers, references, schools, institutions, landlords, public agencies or others who may have knowledge concerning such matters or who are supplied by me.
4. The Fair Credit Reporting Act ("FCRA") gives me specific rights in dealing with a consumer reporting agency. Before I am denied qualification or an adverse action is made on a decision to affect my qualified status based, in whole or in part, on information obtained in the report, I will be provided with a copy of the report and a description in writing of my rights under the FCRA. Pursuant to the requirement of the FCRA, I have received a copy of the Fair Trade commission document entitled "A Summary of Your Rights Under the Fair Credit reporting Act."
5. If I disagree with the accuracy of any information in the report, I must notify the Company within two days of my receipt of the report, and, if I do so, the Company will not make a final decision on my qualification status until I have had a reasonable opportunity to address the information contained in the report.

I hereby authorize, without reservation, any law enforcement or other federal, state or local agency, institution, service bureau, school, employer, reference or insurance company to furnish to the Company or consumer reporting agency the information identified in the Disclosure and Authorization.

I further authorize the Company to obtain a consumer or investigative consumer report from a consumer reporting agency, and, if my application for qualification is granted, this authorization will remain on file and serve as an ongoing authorization for the Company to obtain further consumer or investigative consumer reports at any time during which I remain qualified so as to update, renew or extend my qualification or to be used in making a decision to affect my qualified status.

Applicant's Signature

Printed Name

Address

City, State, Zip

Social Security Number

Date of Birth

Date Signed