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 Affiliated Companies: Southern States Brokerage, Inc. • Southern States Assets, Inc. • REC Marine, Inc.

**REQUEST FOR DOT DRUG AND ALCOHOL TESTING INFORMATION FROM PREVIOUS EMPLOYER PLEASE COMPLETE AND SUBMIT TO:**

COMPANY: Southern States Offshore, Inc. – 19101 Oil Center Blvd. Houston, TX 77073 – 281 209 2871 – **FAX to: 281 209 2879**  
 ATTENTION: HRM/Crewing Department: *Melissa Goodrum or Amy Larner*

**(Name of individual requesting information)** (Attn: Applicant - previous employer information must be filled in correctly and completely otherwise it can hold up the hiring process or even stop it.  
**APPLICANT NAME:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**I hereby authorize:**

**Company:** \_\_\_\_\_ **phone** \_\_\_\_\_ **fax** \_\_\_\_\_ **City & State** \_\_\_\_\_

**Company:** \_\_\_\_\_ **phone** \_\_\_\_\_ **fax** \_\_\_\_\_ **City & State** \_\_\_\_\_

**Company:** \_\_\_\_\_ **phone** \_\_\_\_\_ **fax** \_\_\_\_\_ **City & State** \_\_\_\_\_

**Company:** \_\_\_\_\_ **phone** \_\_\_\_\_ **fax** \_\_\_\_\_ **City & State** \_\_\_\_\_

**(Previous employer's name)** to release information from my Department of Transportation regulated drug and alcohol testing records to the individual and company listed at the top of this form, pursuant to 49 CFR 40.25. This is limited to the following DOT-regulated testing items: (1) Alcohol tests with a result of 0.04 or higher; (2) Verified positive drug tests; (3) Refusals to be tested; (4) Other violations of DOT agency drug and alcohol testing regulations; (5) Information obtained from previous employers of a DOT drug and alcohol rule violation; and (6) Documentation, if any, of completion of the return-to-duty process following a rule violation.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
**(Signature of employee applicant)**

**Previous employer must supply the following information regarding the above named individual during the past two years while employed to perform DOT covered safety sensitive functions: (3 years for FMCSA)**

**YES NO**

1. Alcohol tests with a result of 0.04 or higher alcohol concentration? \_\_\_\_\_
2. Verified positive drug tests? \_\_\_\_\_
3. Refusals to be tested (including verified adulterated or substituted drug test results)? \_\_\_\_\_
4. Other violations of DOT agency drug and alcohol testing regulations? \_\_\_\_\_
5. Did a previous employer report a drug or alcohol rule violation to you? \_\_\_\_\_
6. If the answer is "yes" to any of the above items, did the employee complete the return-to-duty process? \_\_\_\_\_

SIGNED: \_\_\_\_\_ PRINTED: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_  
**(Signature of individual supplying information)**

If the answer to item #5 is "yes," then you must provide the previous employer's report even though it may be outside the two (**three for FMCSA**) year time period. If you answered "yes" to item #6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing records, etc.). If you referred the individual to a Substance Abuse Professional please supply the following information.

**NAME of SAP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **CITY, ST. ZIP:** \_\_\_\_\_

**For Office Use Only:**

<b>Attempt #1 – fax date:</b> _____	<b>Confirmed</b> _____	<b>Initial</b> _____	<b>Notes:</b> _____
<b>Attempt #2 – fax date:</b> _____	<b>Confirmed</b> _____	<b>Initial</b> _____	_____
<b>Attempt #3 – fax date:</b> _____	<b>Confirmed</b> _____	<b>Initial</b> _____	_____